Saskatchewan
Cancer Agency

Annual Report 2003-04

RESEARCH

EDUCATION

TREATMENT

PREVENTION

EARLY DETECTION

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GOVERNANCE

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Foundation Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Services are provided through several divisions: Allan Blair Cancer Centre (ABCC) in Regina, Saskatoon Cancer Centre (SCC), Health Research (Saskatoon), Prevention & Early Detection, Information Management, Education & Corporate Affairs, Human Resources and Finance. Within these divisions are over 40 departments with approximately 350 full-time employees.

The Agency's goal is to reduce cancer incidence, morbidity and mortality through research, education, prevention and early detection, treatment and supportive care.

Pictured on the front cover from left to right are the following staff from Saskatoon:

- Ivan Olfert, Associate Executive Director, SCC
- Dr. David Skarsgard, Radiation Oncologist, SCC
- Mark Boyd, Departmental Technician, Health Research Division
- Carmen Dewald, Registered Nurse, SCC
- Dr. Claude Lapointe, Physicist, SCC
- Patricia Bjarnarson, Unit Clerk, SCC
- Dr. Chris Mpofu, Pediatric Oncologist, SCC
- Sheila Coulter, Director of Radiation Therapy, SCC
- Julie Higginson, Medical Secretary, SCC
- Bruce Schmidt, Social Worker, SCC

LETTER OF TRANSMITTAL

The Honourable John T. Nilson, Q.C.
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

As the Chairperson of the Saskatchewan Cancer Agency Board of Directors, I have the honour to submit herewith the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2004.

Respectfully submitted,

Mr. Gary Semenchuck
Chairperson

MISSION

To deliver effective and sustainable research, education, prevention, early detection, treatment, and supportive care programs for the control of cancer in Saskatchewan.

VISION

Excellence in patient care and cancer control.

VALUES [1]

Patient/family-driven focus - We strive to understand the needs of those we serve and to continuously improve our processes in response to those needs.

Holistic focus - We focus on the whole person addressing their physical, emotional, mental, social, spiritual and intellectual aspects of being.

Respect for people - We treat all people with respect and give them the opportunity to be involved. This applies to patients, staff, clients, the general public and our colleagues in the cancer control field.

Openness and trust - We listen and learn from each other in an open and trusting manner. We share information and knowledge with patients, clients, staff, the public and our colleagues.

Interdisciplinary approach - We focus on achieving our mission and vision by examining all points of view and welcoming all contributions of knowledge and insight.

Continuous learning and improvement - We continuously work to improve on everything we do and to deepen our understanding of our work and the conditions that affect it.

Collegiality and teamwork - We foster institutional pride and commitment, recognizing the contribution of our colleagues throughout the Agency. Our staff enjoy a working environment that is motivating, rewarding, collegial and characterized by teamwork.

Support for individual development - We evaluate what we do, focusing on outcomes and data-driven continuous improvement.

A spirit of inquiry - We value creativity, innovation, adaptability and critical inquiry because continuous improvement, a rewarding work environment, breakthrough in research and quality care depends on them.

Maintain a balance - We are committed to an effective balance between service, workload, academic activity and a commitment to the equitable distribution of resources.

Effective planning - We are committed to effective planning for the system as a whole and to effective decisions regarding the planning of the use of resources for our programs and services.

Collaboration with partners - We commit to working effectively with our partners provincially, nationally and internationally to achieve our mutual goals.

[1] These values were adapted from the values articulated by the BC Cancer Agency based on a national framework.

BOARD OF DIRECTORS

Gary Semenchuck (Chairperson)	Regina	Dr. William Albritton	Saskatoon
Audrey Ahenakew	Saskatoon	Dr. Fred Morris	Moose Jaw
Carol Beck	Prince Albert	Diana Ermel	Regina
Mary Gilliland	Saskatoon	Marion Heavin	Melfort
Dolores Herring	Weyburn	Don Leitch	Unity

(as of March 31, 2004)

Standing from left to right are Diana Ermel, Mary Gilliland, Dolores Herring and Marion Heavin. Seated from left to right are Carol Beck, Audrey Ahenakew, Gary Semenchuck and Don Leitch. Missing from the photo are Dr. William Albritton and Dr. Fred Morris.

MANAGEMENT COORDINATING COMMITTEE

Bob Allen	Chief Executive Officer	Dr. David Popkin	Executive Director Saskatoon Cancer Centre
Dennis Karakochuk	Executive Director Human Resources	Ivan Olfert	Associate Executive Director Saskatoon Cancer Centre
Judy Nurse	Executive Director Education & Corporate Affairs	Dr. Svein Carlsen	Executive Director Health Research
Dr. Ten Suan Goh	Executive Director Allan Blair Cancer Centre	Bill Morton	Executive Director Information Management
Huguette Gauthier	Associate Executive Director Allan Blair Cancer Centre	Kevin Lacey	Executive Director Finance
Lois Harrison	Executive Director Prevention & Early Detection		

(as of March 31, 2004)

REPORT OF THE CHAIRPERSON AND CHIEF EXECUTIVE OFFICER

It is our pleasure to provide the following report of activities for the Saskatchewan Cancer Agency during the 2003-04 fiscal year.

Board Membership

The Agency's Board of Directors is appointed by the Minister of Health and has representatives from the College of Physicians and Surgeons and the Canadian Cancer Society, as well as the Dean of Medicine at the University of Saskatchewan. There is also representation across the province from business, cancer advocates and cancer survivors.

Medical Appointments

On recommendation of management, the Board approved the following medical appointments:

- **Allan Blair Cancer Centre**
  - Dr. Marcelo Boek - Medical Oncologist
  - Dr. L.A. (Betsy) Brydon - Medical Oncologist
  - Dr. Wojciech Dolata - Medical Oncologist
- **Saskatoon Cancer Centre**
  - Dr. Shahid Ahmed - Medical Oncologist

Strengthening Relationships

The Saskatchewan Cancer Agency works to strengthen relationships with provincial health care partners through active involvement in the following strategic planning bodies:

- **Minister's Forum**, represented by board chairs of the Regional Health Authorities (RHAs) and the Agency and chaired by the Minister of Health.
- **Leadership Council**, represented by CEOs of the RHAs and the Agency and chaired by the Deputy Minister of Health.

The Agency became a **Governing Member** of the Saskatchewan Association of Health Organizations (SAHO) at SAHO's Annual General Meeting. Agency Board Member Don Leitch was appointed to the SAHO Board. An active voice at the SAHO Board table provides the Agency with one more vehicle to liaise with other health care organizations in the province.

Participation and membership with these health care bodies provides tremendous opportunities for the Agency to work collaboratively with partners in planning and implementing a comprehensive cancer control program for Saskatchewan.

Integration of Action Plan for Saskatchewan Health Care

In December 2001 Saskatchewan Health unveiled *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*. The action plan is a blueprint for the future of health services in Saskatchewan. Emerging from the action plan were four long-term goals towards achieving a sustainable health system. To this end, we would like to report on the Agency's progress under these four goals.

Goal One: Improved access to quality health services

- ***Long-term Capital Funding***
  Working with Saskatchewan Health, the Agency has been fortunate to receive capital equipment grants for the purpose of replacing aging treatment equipment. New linear accelerator machines for radiation therapy treatment were installed in both cancer centres in 2003-04. This allows the Agency to provide the latest in cancer treatment options. Having state-of-the-art equipment also facilitates recruitment and retention of quality staff.

- ***Community Oncology Program of Saskatchewan (COPS)***
  Members of the Agency's COPS team, along with the CEO, met with representatives from each RHA to discuss the COPS program. These meetings were very informative and valuable as we continue to work towards providing services to cancer patients as close to their homes as possible.

- ***Updating Cancer Patient Information***
  The Agency's Education and Corporate Affairs Division led an interdisciplinary team to update the information provided to patients who are new to the cancer centres. The information is designed to assist patients in becoming more familiar with the programs and services available to help them in their cancer journey.

Goal Two: Effective health promotion and disease prevention

- ***Prevention Program for Cervical Cancer***
  Cervical cancer is one of the most preventable cancers. In fact, up to 95% of all cervical cancer is preventable if women have regular Pap tests. Increased knowledge and comfort levels, through the combined efforts of health care providers and the Agency's Prevention Program for Cervical Cancer (PPCC), will increase participation in regular Pap testing. The program began operations in fall 2003.

  A few Saskatchewan women have expressed concerns regarding privacy issues of the PPCC. Although the vast majority of women contacted to date support this prevention and screening effort, the Agency is sensitive to the privacy concerns voiced. We will work to address these concerns while adhering to the principles and concepts of a population-based screening program.

Goal Three: Retain, recruit and train health providers

- ***Recruitment and Retention of Trained Specialists***
  The Agency spends considerable time and resources in recruiting specialists, particularly oncologists, from all corners of the world to ensure we have adequate numbers to provide quality services. These efforts have been successful in that we have more oncologists on staff now than at any time in the past. We have also eased the shortage of radiation therapists by increasing enrollment of students in our School of Radiation Therapy.

- ***Staff Satisfaction Survey and Ongoing Progress Reports***
  Staff satisfaction and working conditions are of paramount importance to the management and Board. The Agency has been working hard to address the areas for improvement identified in a recent staff satisfaction survey. During the reporting period, the Human Resources Division sponsored a presentation on Stress Management by Cathy Fenwick entitled *Humour Matters—Taking Care of Caregivers.*

- ***Competitive Compensation***
  The Agency is committed to a gender-neutral, equal pay for work of equal value workplace. The joint Steering Committee completed the appeal process in spring 2003, and in September 2003 the Agency and the Saskatchewan Government Employees' Union (SGEU) signed a memorandum of agreement outlining the implementation of the joint Pay Equity Job Evaluation Plan.

Goal Four: A sustainable, efficient, accountable and quality health system

- ***Quality Improvement Program***
  Quality improvement, monitoring and public reporting of outcomes will continue to take on increased importance in the future. Public expectation for greater accountability continues to rise. The Agency has taken a proactive approach to being more accountable for how we spend public health dollars and the effectiveness of our programs and services. Each year the Agency, through this report, will provide an update on our progress and results based on the eight strategic initiatives from our Strategic Plan, *A Proud History—A Planned Future* (see Progress and Results section beginning on page 11).

- ***Quality of Care Coordinator***
  The Agency's Quality of Care Coordinator ensures that patients are well informed of their rights and options and assists them in resolving concerns they may have about their treatment or Agency services. Patient concerns are kept strictly confidential. The Board is provided with monthly reports and an annual report of patient concerns detailed by type of concern (access, cost, communication, care delivery) and any corrective action taken.

- ***Integrated Information Management System***
  Implementation of an integrated clinical management system is integral in ensuring the long-term sustainability and success of providing timely, modern cancer services. A vendor has been selected and an implementation schedule developed for the project, which will occur over the next two years.

- ***Saskatchewan Cancer Control Report***
  The Agency published a second Cancer Control Report in spring 2004. This edition, entitled *Saskatchewan Cancer Control Report 2004—Profiling Cancer in Regional Health Authorities*, focused on the state of cancer by Regional Health Authority (RHA). This provides the Agency and the RHAs with an invaluable tool to help direct resources to the appropriate cancer services.

Canadian Strategy on Cancer Control (CSCC)
With the soaring costs of cancer drugs, international shortages of health care professionals and ever-increasing funding challenges, cooperation and collaboration at a national level is paramount to ensuring efficient and sustainable cancer programs.

Through efforts of the Canadian Association of Provincial Cancer Agencies, the Canadian Cancer Society, the National Cancer Institute of Canada and all levels of government, progress is being made to develop a national strategy for cancer control. Saskatchewan continues to assist in the ongoing development and achievement of the CSCC's five priority areas, including:

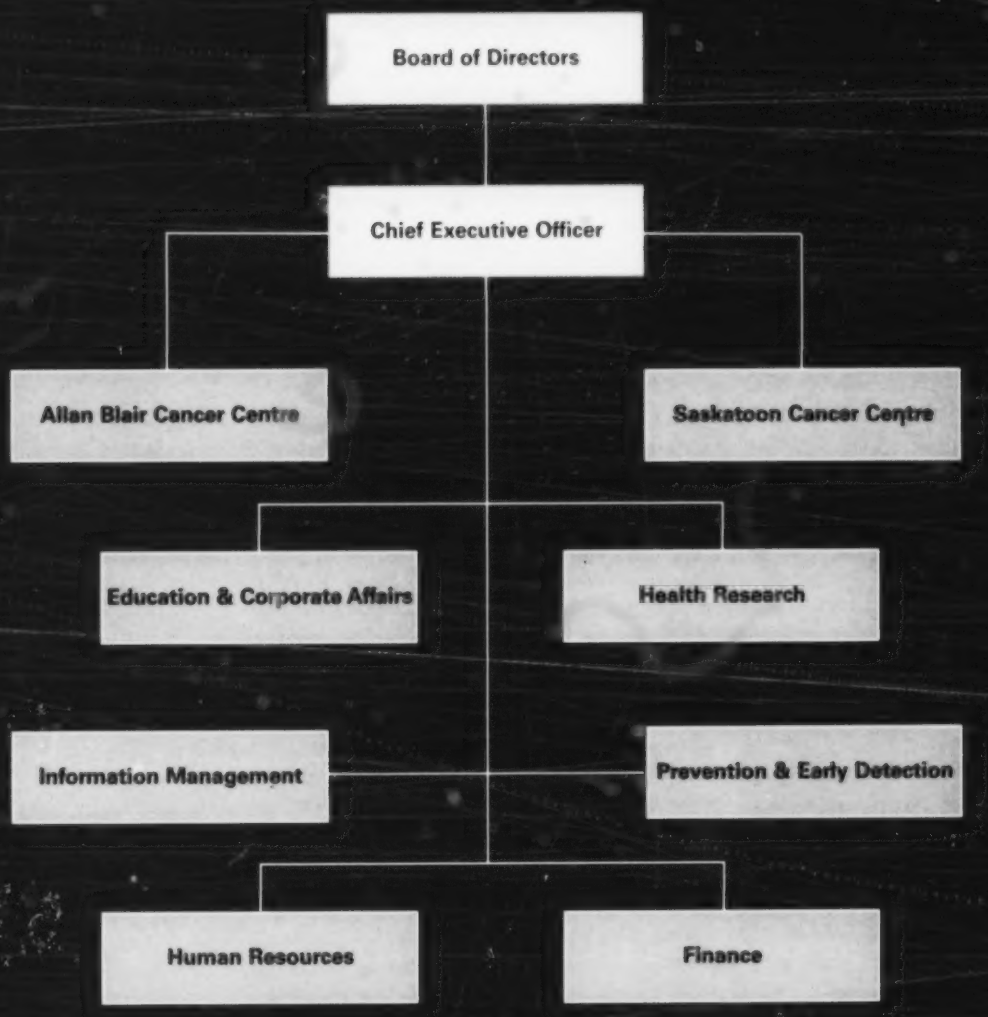
- **Development of standards and guidelines** - *establish mechanisms and improve capacity for collaborative guidelines and standards development.*
- **Primary prevention** - *establish a national, provincial/territorial and municipal primary prevention system to address population-based risk factors for cancer and other chronic diseases by collaborating with chronic disease constituencies.*
- **Rebalancing focus** - *improve resources and systems for delivery of supportive care, cancer rehabilitation and palliative care.*
- **Human resource planning** - *establish a human resource planning database and coordinated approach to planning.*
- **Research priorities** - *establish national priorities for strategic investments in cancer research.*

The provision of cancer services in Saskatchewan takes a collaborative effort. We would like to take this opportunity to thank the Board, management, staff and volunteers for their continuing commitment and dedication to the Agency, as well as to our patients and clients. We would also like to recognize our many partners, supporters and other health sector organizations for their support and efforts over the past year.

Gary Semenchuck
Chairperson

Bob Allen
Chief Executive Officer

ORGANIZATIONAL CHART



MAJOR INITIATIVES/ACCOMPLISHMENTS

Prevention Program for Cervical Cancer

The Prevention Program for Cervical Cancer (PPCC) was announced in early 2002 by the Agency and became operational in August 2003. With the launch of this program, aimed at preventing invasive cervical cancer, Saskatchewan joins other provinces that have established organized cervical cancer screening programs.

Background: In 1997 the Health Services Utilization and Research Commission (HSURC) published guidelines for Pap test screening in their report, *A Comprehensive Approach to Cervical Cancer Screening*. HSURC recommended a comprehensive response to screening, including four key elements:

- A comprehensive information system with registry and recall functions
- Targeted recruitment initiatives
- Quality assurance in the laboratory and clinic
- Ongoing evaluation

As a result of the HSURC study, the Agency was asked to form a Task Force to review and investigate establishing a cervical cancer screening program. The Task Force, which consisted of health professionals, stakeholders and Agency representatives, presented its recommendations to the Saskatchewan Cancer Agency Board of Directors and Saskatchewan Health. The Government of Saskatchewan gave its approval of the new program in 2002.

Heather Stuart, Director, Cancer Registry and Privacy Officer, Information Management Division

Establishment of a Privacy Officer

The Agency established the position of Privacy Officer to ensure compliance with *The Health Information Protection Act*. The Privacy Officer is also responsible for the development, implementation and evaluation of policies and procedures to protect the privacy and security of personal health information held by the Agency while ensuring that the information is accessible for administrative and research needs.

Agency Employee First Canadian to Receive Prestigious Award

Diane Robson, retired Director, Cancer Registry, was given the *Calum S. Muir Memorial Award* by the North American Association of Central Cancer Registries (NAACCR) at their conference last year. Diane is the first Canadian to receive this lifetime achievement award for her unwavering leadership and outstanding contributions to cancer registration and Canadian registry development. Diane retired last summer after 26 years of dedicated service to the Agency.

New Radiation Treatment Equipment at Both Cancer Centres

The Saskatchewan Cancer Agency was pleased to receive funding from Saskatchewan Health for two new linear accelerator (LINAC) radiation therapy machines for the Saskatoon Cancer Centre and Allan Blair Cancer Centre. Total costs for the projects were $4.4 million for the LINACs and an additional $1.0 million in construction and renovations. These new acquisitions help to ensure that the Agency meets the expectations of the residents of Saskatchewan regarding their cancer care, including provision of timely, reasonably accessible and efficient care with state-of-the-art equipment.

PROGRESS AND RESULTS

The Agency has identified eight strategic directions from its Strategic Plan, *A Proud History—A Planned Future*, which will be reported on beginning in this year's annual report.

- Treating cancer effectively
- Strengthening partnerships
- Preventing and detecting cancer early
- Supporting research
- Providing supportive care
- Building infrastructure and organizational capacity
- Building a quality work environment
- Committing to quality and accountability

Treating cancer effectively

Clinical Practice Guidelines

In order to provide a consistently high standard of care, clinical practice guidelines (CPGs) are being developed by the Agency for all major cancer sites (types). Approximately 20% are complete and the remaining CPGs are in development. These guidelines will also have a positive impact on better managing chemotherapy drug costs.

In 2003-04 oncologists, hematologists, nurses and pharmacists from the Agency met on two occasions to review existing guidelines and create new ones for the following tumour sites: breast, bowel, lymphomas and lung. These meetings provided an opportunity for staff from both cancer centres to work together and were thought to be the best way to develop CPGs using consensus in a process that will be ongoing.

Mardel Richards, Registered Nurse, Allan Blair Cancer Centre

Waiting Times

The cancer centres monitor waiting times from referral to consultation and consultation to treatment on a monthly basis. This year the average wait from referral to consultation was three weeks and from consultation to treatment was three weeks. This is consistent with a six-week wait from referral to treatment during the last fiscal year. All emergency cases were seen within one week.

Oncology Education

Oncology education was provided in a number of ways for those caring for cancer patients in the community. The cancer centres provided training to post-secondary students from medicine, nursing, social work, physics, pharmacy, epidemiology, biochemistry, pathology, microbiology and immunology. The support for medical students was particularly active, with 25 medical students and residents participating in educational opportunities at SCC. A nursing conference also took place in Saskatoon in fall 2003.

Nurses, physicians, pharmacists, social workers and other health care professionals who provide care to cancer patients outside the cancer centres were also provided with education opportunities by the Community Oncology Program of Saskatchewan (COPS). A Provincial Symposium was held in June 2003 in Weyburn for 80 multidisciplinary participants; in-service education took place at COPS centres around the province; and a week long COPS Education Program was held at ABCC in March 2004.

Provincial Malignant Hematology/Stem Cell Transplant Program
The Provincial Malignant Hematology/Stem Cell Transplant Program provides consultative services for the assessment and treatment of patients with aggressive, advanced blood and other system cancers and associated diseases. The program integrates academic teaching, research and clinical activities. It has expanded dramatically in the past fiscal year as it strives to meet the needs of Saskatchewan residents. Specialized services include acute and chronic leukemia, lymphoma, and myeloma management and autologous (patient's own) and allogeneic (related and unrelated donor) hematopoietic stem cell and bone marrow transplantation.

Over 300 hematology patients were referred to the program for assessment and management in the past year. In addition, 94 patients were referred for stem cell transplantation. A total of 49 patients received hematopoietic stem cell and bone marrow transplants, including 17 allogeneic donor transplants (11 from related donors and 6 from unrelated donors). The ability to offer these essential services to Saskatchewan residents has been limited by infrastructure deficits. An external review of program activities is planned in 2004.

In 2003 the program became a formal part of the Hematology clinical rotation for Internal Medicine residents of the College of Medicine. In addition, several medical students and College of Pharmacy students and residents elected to rotate with program staff.

Carol Henderson, Associate Executive Director's Secretary, Saskatoon Cancer Centre

Creation of Pharmacy Task Force
Cancer drugs represent 30% of the Agency's total operating costs. This year $15.7 million was spent on chemotherapy and supportive drugs. In order to better manage this aspect of care, the Agency established a Pharmacy Task Force to undertake a review of how pharmacy services are currently provided within the Agency. The Task Force was mandated to review the following:

- Drug review and approval processes, which includes a process for appeals and methods to ensure communication of decisions made.
- Extent to which the Agency should provide an array of drug coverage for cancer services, including supportive drugs.
- Current processes for drug utilization and recommendations for streamlining to ensure greater consistency in prescribing practices.
- Current drug management processes and improvements as required.
- Current contract service agreement and assess its effectiveness.
- Current drug inventory management process, including drug tendering and purchasing, drug ordering, inventory management and control.

It is expected the final report with its recommendations will be completed by early summer 2004.

Strengthening partnerships

Community Oncology Program of Saskatchewan (COPS)
COPS is a partnership between the Regional Health Authorities (RHAs) and the Agency. Now in its eighth year of operation, the program has 16 certified COPS centres providing selective chemotherapy treatments and other supportive care to patients throughout Saskatchewan.

To determine regional needs and to continue strengthening these valued partnerships, several meetings were held last fall and winter between the Agency and the RHAs. This joint dialogue was vital to assess program strengths and gaps, and to ensure corresponding goals for the ongoing development of an effective, quality program.

In 2003 over 800 patients made approximately 6,000 visits to COPS centres. This did not include visits for supportive care such as line care and transfusions, which would add substantially to the workload statistics. These numbers emphasize the invaluable service provided by staff in the COPS centres, as well as the Agency's ongoing support and commitment to this program.

Preventing and detecting cancer early

Screening Program for Breast Cancer (SPBC)
The Screening Program for Breast Cancer (SPBC) was introduced in Saskatchewan in 1990 and has one of the highest participation rates in Canada. Each year SPBC provides mammograms to between 34,000-37,000 women. SPBC screens women 50 to 69 years of age who are not on active follow-up for breast cancer.

SPBC has two permanent sites (Regina and Saskatoon), five regional sites (Yorkton, Moose Jaw, Swift Current, North Battleford and Prince Albert), and a mobile bus that travels to rural and remote areas of the province on a two-year cycle.

Elaine Koroll, Site Supervisor, Screening Program for Breast Cancer—Saskatoon office

In April 2003 a new mobile mammography bus was unveiled to the public. Just like its predecessor had since 1990, the new bus will continue to ensure that mammography X-rays are available to women in rural and remote areas of the province.

Prevention Program for Cervical Cancer
The Prevention Program for Cervical Cancer (PPCC) was implemented in August 2003. Educating women and health care providers about the importance of regular Pap tests, reminding women when they are overdue for their regular Pap tests, notifying women of their results and encouraging appropriate follow-up when required are the primary responsibilities of the PPCC.

Partnerships for Cancer Prevention
The Agency is working with its partners, including the Canadian Cancer Society—Saskatchewan Division, to strengthen cancer prevention strategies. Because cancer has many causes in common with other diseases, the Agency is a member of the Chronic Disease Prevention Alliance of Saskatchewan to foster cooperation and collaboration on prevention initiatives.

Epidemiologic Research in Cancer Prevention and Early Detection
Epidemiologic research is underway in a number of areas in the early detection of cancer, including a 12-year review of breast cancer screening in Saskatchewan, a study of the impact of PSA testing on the case mix of prostate cancer and a study of the geographic use and effectiveness of the PSA test.

Supporting research

The Saskatchewan Cancer Agency is actively involved in basic biomedical, translational, clinical trials and epidemiologic research.

- The Health Research Division of the Agency is an active member of the Saskatchewan Cancer Control Research Network.
- Agency researchers participated in the second annual Provincial Cancer Research Day.
- Many students are encouraged to explore a career in cancer research. Currently there are 14 graduate students (8 MSc and 6 PhD) in the Health Research Division and 2 (1 MSc and 1 PhD) in Medical Physics at SCC. One PhD and 1 MSc student graduated this year. The Agency has 10 post-doctoral fellows and had 14 undergraduate and 5 medical summer students last summer. Five students carried out their undergraduate research projects in the Health Research Division.

See pages 44-46 for a detailed update on research projects and page 47 for details on clinical trials involvement

Arnie Senger, Research Technician, Health Research Division

Providing supportive care

Psychosocial Oncology

The Agency's Psychosocial Oncology Department has four social workers at ABCC and five at SCC who work with a patient's treatment program to provide a variety of services, including assessment and consultation, personal services and counselling. Each social worker has a caseload of about 75 patients per month consisting of new and follow-up patient and family appointments.

Volunteers

There are 80 volunteers and 2 volunteer coordinators at ABCC and SCC. Volunteers are an integral part of the daily operations of the Agency. They escort patients to their treatments or diagnostic tests and help patients select wigs and turbans, among other services. There were over 4,400 volunteer hours last year at both of the centres. Last year approximately 1,923 rides were offered and 28,747 kilometres were driven by the11 volunteer drivers at ABCC bringing patients to their appointments.

Cancer Patient Lodges

Cancer Patient Lodges located in Regina and Saskatoon offer a "home-away-from-home" atmosphere for patients undergoing cancer treatments and their companions. Room and board are provided in a supportive environment. There were 1,105 admissions at the two lodges over the past year.

Barry Uncles, Director of Psychosocial Oncology, Allan Blair Cancer Centre

Commitment to Patient Support and Education

- An interdisciplinary team developed and published three guides for new patients. Two are specific to the cancer centres and one provides general information about cancer. These guides are mailed to new patients so that they have the necessary information prior to their first visit to the cancer centre.
- A list of *Patient Rights and Responsibilities* was approved by the Agency's Board of Directors and is being communicated to both staff and patients.
- This year a PhD student worked with the Psychosocial Oncology Department to conduct research on the needs of cancer survivors.

Building infrastructure and organizational capacity

Renovations at the Saskatoon Cancer Centre
A significant renovation to the ground floor of SCC was started and completed during the year. Benefits of the renovations include:

- Improvement of the work environment for cancer centre staff
- More supportive environment for patients through the creation of a Patient and Family Resource Centre
- Increased chemotherapy treatment capacity
- An expanded New Patient Office
- An expanded phlebotomy service area

Acquisition and Installation of New Radiation Treatment Equipment
SCC and ABCC acquired and installed two linear accelerators. SCC's new machine began treating radiation therapy patients in February 2004; ABCC began treating radiation therapy patients in May 2004. New equipment ensures that patients receive state-of-the-art treatment.

Information Management Strategic Plan
The Agency continued with initiatives identified in its Information Management Strategic Plan. Implementation of the strategy is a significant step in ensuring the long-term sustainability and success of the Agency in providing timely and modern cancer services for Saskatchewan residents.

Significant progress has been made with respect to one of the largest and most strategic initiatives identified in the Information Management Strategy. Varian Medical Systems Inc. was selected, through a competitive procurement process, as the vendor of choice to provide the software and services for implementation of a provincial integrated Clinical Management System. The procurement included a wide-based investigation and requirements definition process involving extensive consultation with other cancer care organizations and with staff across the Agency.

Implementation of the Clinical Management System will commence in 2004 with completion targeted for early 2006.

Implementation of the Clinical Management System will modernize the Agency's clinical information management environment. The system will enable us to improve on making properly informed evidence-based decisions, measure our outcomes more effectively and ensure quality services are maintained and enhanced.

Dr. David Popkin, Executive Director of the Saskatoon Cancer Centre, speaking at the official opening for the new linear accelerator radiation treatment machine in February 2004

Recruitment and Retention of Oncologists
The Agency experienced continued success in the recruitment and retention of oncology and hematology specialists during the year. SCC welcomed one new medical oncologist and ABCC welcomed three new medical oncologists. Total medical staff now number 20 at SCC and 15 at ABCC.

Building a quality work environment

New Initiatives

- The orientation of new employees was improved through the implementation of Agency-wide general orientation days and the development of a *New Employee Handbook*.
- The Human Resources Quality of Work Life Committee established the following two new initiatives:
  - The Agency became an *in motion* workplace. As an *in motion* workplace, the Agency supports the principle of incorporating regular fitness activity into the lives of employees and their families on a regular basis.
  - A smoking cessation committee and program was created to support Agency staff who wish to quit smoking.
- A review of nursing orientation was undertaken at both cancer centres.

Internal Communications

- The cancer centres hold monthly meetings for staff to improve communication and provide learning opportunities.
- Monthly reports were provided to senior management and the Agency Board on staff vacancies.
- A survey of the internal Agency newsletter, *The Agency Pipeline*, revealed that it is read and appreciated by a majority of staff.
- Managers met twice during the reporting period to improve communications and receive training on leadership and change management.
- Senior management participated in an executive leadership development program sponsored by Saskatchewan Health with colleagues from the Regional Health Authorities.

Debbie Lauridsen, Payroll Administrator, Finance Division

Occupational Health and Safety

An Occupation Health and Safety Committee was established to strengthen safety education programs and policies.

Joint Pay Equity Job Evaluation Plan Update

The Agency and Saskatchewan Government Employees' Union (SGEU) continued to work together to implement a joint Pay Equity Job Evaluation Plan for all in-scope positions. The joint Steering Committee completed the appeal process in spring 2003, and in September 2003 the Agency and SGEU signed a memorandum of agreement outlining the implementation of the joint Pay Equity Job Evaluation Plan.

In-scope employees eligible for pay equity increases received retroactivity back to April 1, 2001 and will receive applicable increases up to April 1, 2006 when the new wage schedules for the new class plan will be completely phased in.

A joint Maintenance Committee has been established to maintain the in-scope job evaluation plan, and to ensure the evaluation plan and its processes and procedures are applied fairly and consistently.

Collective Bargaining

The Collective Agreement between SGEU and the Agency expired on December 31, 2003. SGEU and the Agency are preparing their proposal packages, and it is expected they will commence negotiations in summer 2004.

Committing to quality and accountability

New Projects from Health Quality Council

The Agency will receive funding from the Health Quality Council for two new quality improvement projects. One project is to evaluate the method by which patients are followed up after treatment, and the other is to standardize and track medication incidents by producing reports to review processes and improve quality of care.

Saskatchewan Cancer Control Report 2004

The *Saskatchewan Cancer Control Report 2004—Profiling Cancer in Regional Health Authorities* was prepared in 2003-04 and published in May 2004 (see detailed information about the report on page 20).

Quarterly Financial Reporting

Quarterly financial reports were provided to Saskatchewan Health, as required by the Provincial Government's Accountability Agreement.

Accreditation

The Agency maintained its accreditation status with the Canadian Council on Health Services Accreditation (CCHSA) by submitting a report. The next accreditation survey is in 2005. Accreditation is one of the most effective means by which the Agency can accurately assess its levels of performance through peer review and self-evaluation, and focus on ways to improve care and quality of life of our patients based upon national standards.

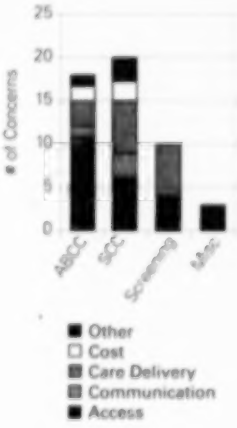
Quality of Care Coordinator

The Agency is committed to resolving concerns in a timely manner and continually seeks to improve services. Most issues are resolved by the staff at SCC, ABCC or the Prevention and Early Detection Division. However, in some cases the Quality of Care Coordinator (QCC) will handle concerns or handle those concerns that come from Saskatchewan Health or other external agencies.

During 2003-04 the QCC handled 51 concerns compared to 35 last year. Of the internal concerns handled this year, 35% were regarding access to appointments, tests or drugs compared to 71% last year.

The graph illustrates the number of concerns by site and the type of concern.

Concerns Handled by the Quality of Care Coordinator, 2003-04



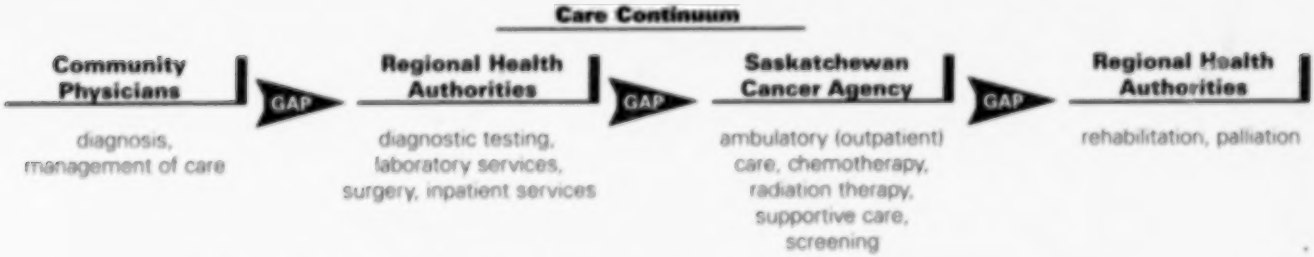
Total Sick Leave by Union Affiliation

During the reporting period, the total paid sick time used by in-scope staff was the equivalent of 2,304 full-time equivalent (FTE) days (or 17,856 hours) at a cost of $412,439. The average sick time used by each FTE was 9 days.

CHALLENGES AND FUTURE DIRECTIONS

Improving Access to Services

Providing quality cancer services is the responsibility of a number of health providers and organizations. While the present care delivery system takes full advantage of the skill, knowledge and expertise of these providers, it has the potential for delays in service as patients move through the care continuum. This is depicted by the 'gaps' in the following illustration.



The Agency intends to work with the RHAs and community physicians to develop processes and mechanisms to minimize these system gaps to ensure patients' access to treatment and follow-up conforms to national standards and guidelines.

Completion of Clinical Practice Guidelines

The Agency is committed to completing clinical practice guidelines for all tumour sites. Guidelines can be used to promote appropriate practice when there is good evidence to support it, discourage inappropriate practice, help justify major investments in new technologies including drugs, educate decision makers about the state of the evidence and contribute to quality improvement programs.

Development of New Programs

- Provincial Clinical Trials program
- Public and health care provider education programs
- Working with Regional Health Authorities to develop breast health centres

Implementation of Clinical Management System

The Agency is fully committed to the implementation of an integrated clinical management system (CMS). The CMS will improve the ability to monitor and track patient outcomes and help to improve the quality of service.

Address Facility, Staffing and Equipment Capacity

The increase in cancer incidence and cancer prevalence, coupled with the complexities of treatments, has a direct impact on the Agency's treatment workloads. Additional resources will continue to be needed in areas of staffing, compensation competitiveness, drug costs and adequate facility space and equipment. A major focus of the Agency will be to address these areas.

Managing Drug Cost Pressures

The Agency has been working with Saskatchewan Health and its cancer care counterparts across Western Canada to develop a unified strategy to address the escalating costs of cancer drugs.

PROVINCIAL CANCER ENVIRONMENTAL SCAN

An environmental scan provides an overview of key geographical, social and economic factors that influence regional priorities and actions, as well as emerging health issues. To this end, the Saskatchewan Cancer Agency produced and released its second comprehensive report about the status of cancer in Saskatchewan focusing on the Regional Health Authorities.

Saskatchewan Cancer Control Report

The Saskatchewan Cancer Control Report supports the Agency Board's Monitoring Policy and Provincial Government's Accountability Agreement requirement to annually report on cancer statistics and trends in the province.

The Cancer Control Report provides information about the status of cancer in Saskatchewan and includes a special topic or theme. This year's report, entitled *Saskatchewan Cancer Control Report 2004—Profiling Cancer in Regional Health Authorities*, focused on cancer in the RHAs. Cancer data and trends were reported for each RHA, which will give regional managers better insight into how cancer is affecting communities within their jurisdictions.

The Agency's surveillance activities provide the necessary evidence to show the province's progress in minimizing the burden of cancer and what is required to further reduce its effect on society.

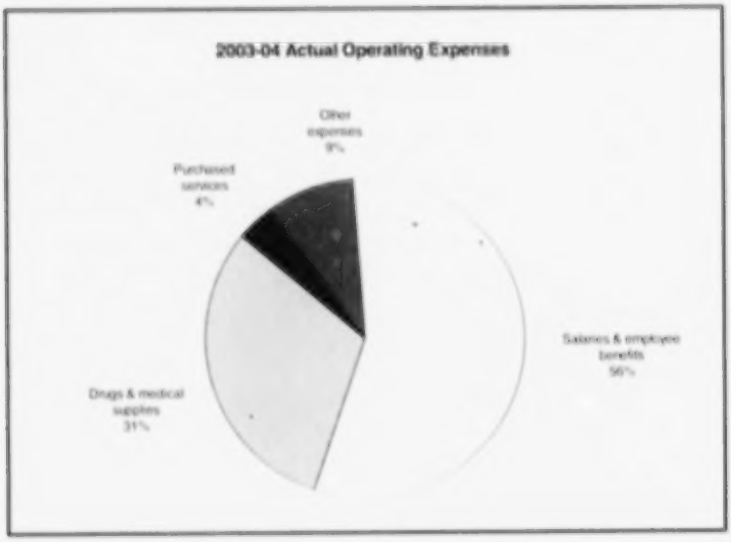
Many staff were involved in the production and dissemination of this report, which was released in spring 2004.

MANAGEMENT DISCUSSION AND ANALYSIS

The Saskatchewan Cancer Agency carries out its Mission through an Operating Fund and three restricted funds (Capital Fund, Research Fund and Trust Fund).

Operating Fund

Saskatchewan Health provides 96% of the Agency's revenues. Actual revenues in 2003-04 were 1.6% higher than budgeted due primarily to capital gains on sale of investments. The Agency has limited alternative sources of funding and therefore focuses its financial activities on managing costs.

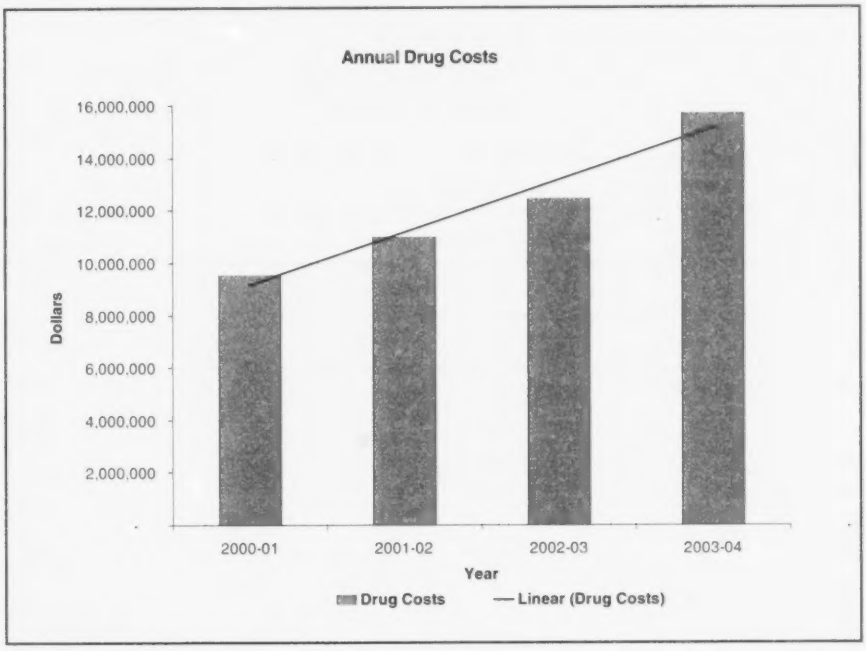

2003-04 Actual Operating Expenses
Other expenses 9%
Purchased services 4%
Salaries & employee benefits 56%
Drugs & medical supplies 31%

The two largest expense categories of the Agency are salaries and drug costs as shown in the graph above. Actual salary and employee benefits costs were slightly under budget because of higher than planned vacancy savings. These savings were partially offset by increased costs due to the joint Pay Equity Job Evaluation Plan, as well as using additional staff in the nursing departments, pharmaceutical departments and the Malignant/Hematology Stem Cell Transplant Program.

It is expected salaries and employee benefits will continue to be the Agency's single largest expenditure. Many cancer professionals employed by the Agency (i.e. oncologists, physicists, nurses, radiation therapists and pharmacists) are in extremely short supply. Maintaining competitive wages and benefits will be key to the Agency's ability to retain these staff. Increasing workload will also impact staffing requirements. The rising incidence and prevalence of cancer, the increasing complexity and time-consuming treatments and changing technologies and techniques will all have a major impact on workload within Agency operations. The Agency currently employs about 350 full-time equivalent positions and contracts an additional 48 full-time equivalent positions from the Regional Health Authorities. Its ability to sustain these costs is dependent on the level of funding it receives from government.

The Agency is responsible for administering the provincial oncology drug program. Increases in oncology drug expenditures continue to place enormous pressures on the Agency's operating budget. Drugs represent 30% of the operating costs with medical supplies representing 1%. The actual drug costs for 2003-04 were over budget by $2.3 million as a result of the increasing development of new drug combinations, the change in classification of drugs from salvage to first-line treatments once increasing survival evidence emerges and more people living with cancer longer.

There are many other reasons for rapidly increasing drug costs in oncology and it is often difficult to plan or predict for these increases. New and more costly cancer drugs for treatment and supportive care are introduced with increased regularity. Many new drugs are targeted as 'salvage treatments' (i.e. following the failure of first-line therapies). This results in their use being classified as 'add on' treatments (not a replacement to standard therapy), which further increases total drug costs.



The sustainability of these cost pressures is a major risk to the overall success of the Agency's treatment services. The Agency established a Pharmacy Task Force in 2003-04 to help identify further opportunities for effectively managing these escalating costs. The recommendations of the Task Force are expected in 2004-05. Oncology therapeutics change within a very short period of time. Even preliminary data often results in clinical practice changes. This makes it very difficult to predict estimates of future drug costs. The only certainty is that drug costs will continue to increase despite cost-saving initiatives. Other cancer agencies in Canada are anticipating drug cost increases of 20-30% every year. This is consistent with the Agency's recent experience of a 26% increase in its drug costs in 2003-04.

The Agency continues to explore new initiatives for reducing drug costs while maintaining patient access to the drugs.

The cost of purchased services slightly exceeded its budget due to unit price increases and increased use of diagnostic services from the Regional Health Authorities. Other expenses were under budget in 2003-04 due, in part, to the slower than expected start up of new programs and other initiatives. For example, the Prevention Program for Cervical Cancer became operational part way through the year and is still developing its full functional capabilities.

The Operating Fund currently has a good cash position, but it has deteriorated compared to the prior year as a result of incurring a deficit in 2003-04. In addition, the Agency had to replace its 30-day Working Capital Reserve and Human Resource Reserve with a $500,000 Contingency Reserve in order to provide greater flexibility in responding to increasing cost pressures, such as drug costs and the implementation of the four-year, multimillion-dollar Information Management Strategic Plan.

Capital Fund

The Agency received $940,000 in capital funding from Saskatchewan Health. This funding was pooled with funding received in prior years to purchase radiation therapy equipment. The actual capital expenditures in 2003-04 were $3.9 million less than planned because of the timing of purchases, particularly the implementation of a Clinical Management Information System and the replacement of an orthovoltage machine. It is expected that once this equipment is acquired, the cash and investments will be significantly reduced.

The Agency continues to operate two linear accelerators that were originally purchased in 1987. These treatment machines are long overdue for replacement and are at significant risk of failure. The need for additional space to accommodate increasing workload and expanding programs and services is an urgent priority. This need is most acute at the Saskatoon Cancer Centre where significant capital funding is required to address these equipment and space pressures. In the meantime, the Agency has developed contingency plans in the event of a prolonged breakdown of equipment. Also, a small-scale renovation project was undertaken and completed in 2003-04 to address immediate facility pressures at the cancer centre.

Research Fund

In 2003-04 the amount of funds spent to support research grants decreased slightly from $431,123 to $413,149 because of delays in some research projects. Although expenses for clinical trials activities were under budget, $265,607 more was spent on clinical trials than in the previous year in an effort to build the program. Because of lower than expected participation in trials, actual revenues were also less than expected. As a result, the Agency subsidized clinical trials activities $66,106 more than planned.

Trust Fund

Donations vary year to year depending on the nature and amount of donations received. Expenditures from the Trust Fund were under budget because of the timing of initiatives.

Summary

Overall, the Agency's once strong financial position is quickly deteriorating due to three consecutive years of deficit budgeting largely as a result of unpredictable drug cost increases and continuing salary cost increases. A large portion of the Agency's financial resources is committed to capital acquisitions and the Information Management Strategic Plan that are to be substantially completed with 24 months.

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Foundation's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgements. The financial information presented in the Management Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Foundation's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,

Bob Allen
Chief Executive Officer

Kevin Lacey, CA
Executive Director, Finance

May 14, 2004

FINANCIAL STATEMENTS

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Foundation as at March 31, 2004 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Foundation's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 14, 2004

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2004	Total 2003 (Note 12)
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 3,529,760	$ 1,190,029	$ 202,806	$ 143,917	$ 5,066,512	$ 8,281,941
Accounts receivable:						
Saskatchewan Health - General Revenue Fund	115,126	---	---	---	115,126	314,532
Other	533,349	28,348	65,293	27,067	654,057	372,982
Inventory	1,110,820	---	---	---	1,110,820	1,105,188
Prepaid expenses and deposits on equipment	120,044	---	6,292	2,160	128,496	1,428,305
Due (to) from other funds	190,835	305,539	(176,692)	(319,682)	---	---
	5,599,934	1,523,916	97,699	(146,538)	7,075,011	11,502,948
Investments (Schedule 1)						
(Market $9,437,263; 2003 - $12,686,430)	3,416,682	3,853,967	---	1,506,940	8,777,589	12,256,491
Capital assets (Note 4)	---	26,811,335	---	---	26,811,335	22,618,012
Total Assets	$ 9,016,616	$ 32,189,218	$ 97,699	$ 1,360,402	$ 42,663,935	$ 46,377,451
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 4,850,366	$ 294,450	$ 15,254	$ 10,607	$ 5,170,677	$ 4,311,119
Accrued salaries	81,787	---	5,454	---	87,241	72,290
Vacation payable	775,964	---	8,422	---	784,386	705,005
Deferred revenue (Note 7)	254,695	---	---	---	254,695	264,063
	5,962,812	294,450	29,130	10,607	6,296,999	5,352,477
Fund Balances						
Invested in capital assets	---	26,811,335	---	---	26,811,335	22,618,012
Externally restricted (Schedule 2)	---	1,229,571	68,569	1,089,594	2,387,734	7,014,585
Internally restricted (Schedule 3)	500,000	2,742,690	---	260,201	3,502,891	7,968,163
Unrestricted	2,553,804	1,111,172	---	---	3,664,976	3,424,214
Fund balances, Statement 2	3,053,804	31,894,768	68,569	1,349,795	36,366,936	41,024,974
Total Liabilities & Fund Balance	$ 9,016,616	$ 32,189,218	$ 97,699	$ 1,360,402	$ 42,663,935	$ 46,377,451

(See accompanying notes to the financial statements)

Statement 2

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2004	Total 2003 (Note 12)	Capital Fund 2004	Research Fund 2004	Trust Fund 2004	Total 2004	Total 2003
REVENUES							
General Revenue Fund							
- Saskatchewan Health	$ 48,619,191	$ 44,751,829	$ 940,000	$ —	$ —	$ 940,000	$ 1,845,000
- Saskatchewan Health Research Foundation	218,000	—	—	345,000	—	345,000	—
Grants	—	—	—	451,268	—	451,268	382,011
Donations and bequests	—	—	—	—	421,563	421,563	484,926
Investment income	943,648	764,772	168,329	12,463	91,832	272,624	294,377
Other revenues	611,929	1,064,784	18,902	170,673	—	189,575	148,401
	50,392,768	46,581,385	1,127,231	979,404	513,395	2,620,030	3,154,715
EXPENSES							
Salaries and employee benefits	29,244,816	26,237,228	—	997,376	—	997,376	722,005
Drugs and medical supplies	16,302,206	12,933,459	—	—	—	—	—
Purchased services	2,311,187	1,958,391	—	—	—	—	—
Other expenses	4,812,076	4,698,252	—	76,567	297,203	373,770	305,980
Research grants (Schedule 4)	—	—	—	371,457	—	371,457	420,544
Amortization	—	—	3,257,948	—	—	3,257,948	3,115,911
	52,670,285	45,827,330	3,257,948	1,445,400	297,203	5,000,551	4,564,440
(Deficiency) excess of revenues over expenses	(2,277,517)	754,055	(2,130,717)	(465,996)	216,192	(2,380,521)	(1,409,725)
Fund balances, beginning of year	7,526,696	8,276,695	31,438,028	321,260	1,738,990	33,498,278	33,403,949
Interfund transfers (Note 8)	(2,195,375)	(1,504,054)	2,587,457	213,305	(605,387)	2,195,375	1,504,054
Fund balances, end of year	$ 3,053,804	$ 7,526,696	$ 31,894,768	$ 68,569	$ 1,349,795	$ 33,313,132	$ 33,498,278

(See accompanying notes to the financial statements)

Statement 3

SASKATCHEWAN CANCER FOUNDATION
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2004	2003 (Note 12)	Capital Fund	Research Fund	Trust Fund	Total 2004	Total 2003 (Note 12)
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
(Deficiency) excess of revenues over expenses (Statement 2)	$ (2,277,517)	$ 754,055	$ (2,130,717)	$ (465,996)	$ 216,192	$ (2,380,521)	$ (1,409,725)
Net change in non-cash working capital (Note 3)	407,092	(1,794,018)	1,380,826	84,306	284,806	1,749,938	(1,292,112)
Amortization of capital assets	—	—	3,257,948	—	—	3,257,948	3,115,911
(Gain) on disposal of capital assets	—	—	(7,792)	—	—	(7,792)	(2,827)
	(1,870,425)	(1,039,963)	2,500,265	(381,690)	500,998	2,619,573	411,247
Purchase of capital assets							
Buildings/construction	—	—	(1,384,087)	—	—	(1,384,087)	(97,234)
Equipment	—	—	(6,067,184)	—	—	(6,067,184)	(1,555,333)
Proceeds on disposal of capital assets							
Equipment	—	—	7,792	—	—	7,792	2,827
	—	—	(7,443,479)	—	—	(7,443,479)	(1,649,740)
Net disposal (acquisition) of investments	5,641,069	(503,720)	(2,162,167)	—	—	(2,162,167)	(480,335)
Net increase (decrease) in cash & short-term investments during the year	3,770,644	(1,543,683)	(7,105,381)	(381,690)	500,998	(6,986,073)	(1,718,828)
Cash & short-term investments, beginning of year	1,954,491	5,002,228	5,707,953	371,191	248,306	6,327,450	6,542,224
Interfund transfers (Note 8)	(2,195,375)	(1,504,054)	2,587,457	213,305	(605,387)	2,195,375	1,504,054
Cash & short-term investments, end of year	$ 3,529,760	$ 1,954,491	$ 1,190,029	$ 202,806	$ 143,917	$ 1,536,752	$ 6,327,450
Amounts in cash balances							
Cash & short-term investments	$ 3,529,760	$ 1,954,491	$ 1,190,029	$ 202,806	$ 143,917	$ 1,536,752	$ 6,327,450

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2004

1 Legal Status of the Saskatchewan Cancer Foundation

The Foundation was created under provisions of *The Cancer Foundation Act* and commenced operations on August 1, 1979. The Foundation conducts a program for the treatment and prevention of cancer.

2 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund accounting

The accounts of the Foundation are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funding groups:

i) Operating Fund

The Operating Fund reflects the primary operations of the Foundation including the Allan Blair Cancer Centre, the Saskatoon Cancer Centre, and their respective patient lodges. Also included are research, prevention and early detection, public education, and communication activities.

The Cancer Centres provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services. They serve as the focal points for the co-ordination of a comprehensive and multi-disciplinary approach to all aspects of care and treatment for cancer patients. The patient lodges provide housing for rural patients who are undergoing treatment at the Cancer Centres.

Research activities include basic and epidemiological research. Basic research attempts to understand, at the cellular and molecular level, the underlying differences between normal and cancerous cells. Epidemiological research involves studying the distribution and determinants of various cancers in specific populations and the application of these studies to cancer control.

Prevention and early detection programs in this fund are aimed at minimizing the impact of cancer through prevention and control. The Screening Program for Breast Cancer has responsibility for screening mammography for women ages 50-69 years of age in the Province. The Prevention Program for Cervical Cancer provides education on the importance of Pap tests, sends notification letters to women to see their primary care physician for testing, and tracks women's participation in screening.

Public education and communications through written, oral, and visual media are integral components of a diverse cancer care program.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Foundation in capital assets. The Capital Fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. Expenses are primarily amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that reflects the revenues received from Saskatchewan Health Research Foundation - General Revenue Fund and clinical trial sponsors to support a number of research projects. The following guidelines are attached to the funds:

a) Expenditure of these funds is at the discretion of the Foundation. The Foundation will assume responsibility for research costs in excess of the amount funded.

b) Research funds, including investment income on the funds, should be kept separate from other funds of the Foundation.

Activities of the fund include clinical trials research which is a scientific method for testing new or combinations of existing treatment modalities against the current standard of treatment for that specific cancer.

iv) Trust Fund

The Trust Fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Foundation maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at the lower of cost or net realizable value. Net realizable value is used when there is a loss in investment value that is other than a temporary decline.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold Alterations	3 - 20 years
Equipment	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Pension

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Foundation follows defined contribution plan accounting for its participation in the plan. Accordingly, the Foundation expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3 Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2004	2003	Capital Fund	Research Fund	Trust Fund	Total 2004	Total 2003
(Increase) decrease in accounts receivable	$ (62,192)	$ (268,629)	$ 16,394	$ (35,871)	$ -	$ (19,477)	$ 220,553
(Increase) in inventory	(5,632)	(695,546)	-	-	-	-	-
(Increase) decrease in prepaid expenses and deposits on equipment	128,095	(17,266)	1,171,183	893	(362)	1,171,714	(1,167,591)
(Increase) decrease in due (to) from other funds	(439,183)	(86,360)	39,743	112,946	286,494	439,183	86,360
Increase (decrease) in accounts payable	697,184	(665,441)	153,506	10,192	(1,326)	162,372	(449,164)
Increase (decrease) in accrued salaries	17,427	64,360	-	(2,475)	-	(2,475)	7,929
Increase (decrease) in vacation payable	80,761	172,322	-	(1,379)	-	(1,379)	9,801
(Decrease) in deferred revenue	(9,368)	(297,458)	-	-	-	-	-
	$ 407,092	$(1,794,018)	$1,380,826	$ 84,306	$ 284,806	$1,749,938	$(1,292,112)

4 Capital Assets

	March 31, 2004			March 31, 2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land & Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	19,318,940	15,059,387	4,259,553	4,261,527
Leasehold Alterations	11,770,423	4,505,084	7,265,339	7,321,829
Equipment & Furniture	34,648,970	19,642,824	15,006,146	10,754,359
	$ 66,018,630	$ 39,207,295	$ 26,811,335	$ 22,618,012

Included in equipment and furniture is $1,978,103 invested in a linear accelerator that is not being amortized until it is placed into operation in the spring of 2004.

5 Commitments

a) Capital Assets Acquisitions

At March 31, 2004, commitments for acquisition of capital assets were $822,211 (2003 - $4,832,949).

b) Operating Leases

The Foundation is committed under term leases for office space at the following minimum amounts over the next five years (exclusive of proportionate increases):

2005	$ 186,523
2006	$ 158,091
2007	$ 111,639
2008	$ 29,471
2009	$ —

6 Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, has donated two cancer patient lodges in the Province to the Foundation. Under the terms of an agreement with the Society, the Foundation has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Foundation so long as they are operated as cancer patient lodges.

7 Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Amount Received from Health	Amount Recognized from Other Sources	Amount Received from Other Sources	Balance End of Year
Saskatchewan Health - General Revenue Fund					
- Women's Health Initiatives	$ 217,425	$ —	$ —	$ —	$ 217,425
- Leadership Development	20,000	2,901	(15,400)	—	7,501
Other revenue received in advance	26,638	—	(7,308)	10,439	29,769
Total	$ 264,063	$ 2,901	$ (22,708)	$ 10,439	$ 254,695

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. This funding is restricted in use to provincially approved health improvement initiatives.

8 Interfund Transfers

Each year the Foundation transfers amounts between its funds for various purposes. These include funding capital asset purchases, research grants, and reassigning fund balances to support certain activities.

	2004			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (2,210,230)	$ 2,587,457	$ (41,692)	$ (335,535)
Research grants	—	—	254,997	(254,997)
Other	14,855	—	—	(14,855)
Total	$ (2,195,375)	$ 2,587,457	$ 213,305	$ (605,387)

	2003			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (1,504,054)	$ 1,802,812	$ (10,579)	$ (288,179)
Research grants	—	—	257,991	(257,991)
Total	$ (1,504,054)	$ 1,802,812	$ 247,412	$ (546,170)

9 Pension Plan

Employees of the Foundation participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Foundation's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $1,247,783 (2003 - $986,754) and is included in benefits. Effective January 1, 2003, the rate of employer contributions increased from 5% to 6.35% of pensionable earnings.

10 Related Party Transactions

These financial statements include transactions with related parties. The Foundation is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Foundation is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties. Other routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2004	2003
Regina Qu'Appelle Regional Health Authority, Accounts Payable	$ 3,117,921	$ 1,249,344
Saskatoon Regional Health Authority, Accounts Payable	$ 536,245	$ 1,638,161
Other related parties, Accounts Payable	$ 73,000	$ 54,335
Regina Qu'Appelle Regional Health Authority, Expenses	$11,631,702	$ 9,885,736
Saskatoon Regional Health Authority, Expenses	$12,254,605	$ 9,947,958
Public Employees' Pension Plan, Expenses	$ 1,229,329	$ 967,303
Other related parties, Expenses	$ 1,688,958	$ 1,770,246

In addition, the Foundation pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Foundation is situated on land not owned by the Foundation. The Foundation is not charged for the use of this land.

Other amounts and transactions with related parties and the terms of settlement are described separately in these financial statements and notes thereto.

11 Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest rate risk

The Foundation is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Foundation's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.

- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Foundation's investment portfolio and its future cash flow needs, the Foundation is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit risk

The Foundation is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Foundation's receivables is minimal because they are mostly from the Saskatchewan Health - General Revenue Fund or other government organizations. The credit risk for the Foundation's investments and related accrued interest receivable is minimal because investments consist of provincial government bonds and debentures, corporate bonds, and guaranteed investment certificates with large Canadian banks.

d) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying value of the following financial instruments approximate fair value due to their immediate or short-term nature:

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

12 Comparative Information

Certain 2002-03 balances have been reclassified to conform with the current year's presentation.

13 Budgets

Schedule 5 compares actual results to the 2003-04 budget plan approved by the Foundation's Board of Directors on May 29, 2003.

Schedule 1

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2004

	Amount	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash:				
Royal Bank of Canada	$ 1,536,815	—	2.02%	—
Long-term investments:				
Province of Saskatchewan Savings Bond	100,000	07/15/05	5.75%	5.75%
Bell Canada Bond	299,700	01/18/08	6.37%	6.25%
Province of Saskatchewan Savings Bond	489,650	06/02/08	5.88%	5.50%
Province of British Columbia Bond	502,400	06/01/09	5.62%	5.70%
GE Capital Canada Bond	498,435	10/23/09	5.71%	5.65%
Province of New Brunswick Bond	504,505	07/12/11	5.76%	5.80%
Province of Ontario Bond	499,750	11/30/11	5.26%	5.25%
Province of Saskatchewan Savings Bond	504,000	12/03/12	5.21%	5.25%
Province of Saskatchewan Savings Bond	993,500	12/03/12	5.41%	5.25%
Province of New Brunswick Bond	208,299	02/25/13	4.89%	5.50%
Bank of Nova Scotia Bond	1,018,500	07/22/13	5.54%	5.65%
Province of New Brunswick Bond	496,800	12/27/17	6.06%	6.00%
	6,115,539			
Total restricted investments	7,652,354			
Unrestricted Investments				
Cash:				
Royal Bank of Canada	3,529,697	—	2.02%	—
Long-term investments:				
Province of Saskatchewan Savings Bond	497,000	05/28/08	5.58%	5.50%
Province of Nova Scotia Bond	509,000	06/01/09	5.08%	5.40%
TD Capital Trust Securities	350,000	12/31/09	7.75%	7.60%
GE Capital Canada Fund Strip Bond	320,650	07/24/12	5.00%	5.00%
Province of Saskatchewan Savings Bond	496,150	06/17/13	4.84%	4.75%
Bank of Nova Scotia Bond	489,250	05/12/14	6.13%	5.75%
	2,662,050			
Total unrestricted investments	6,191,747			
Total Investments	$ 13,844,101			

Restricted Investments consist of: investments of the restricted funds, contingency reserve, and deferred revenues.

(See accompanying notes to the financial statements)

Schedule 2

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2004

Restriction	Balance Beginning of Year (Note 12)	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 4,972,261	$ 940,000	$ (5,182,690)	$ —	$ 729,571
CMS Reserve[1]	500,000	—	—	—	500,000
Research contributions	321,260	979,404	(1,445,400)	213,305	68,569
Trust Fund donations	1,221,064	307,946	(169,871)	(269,545)	1,089,594
Total	$ 7,014,585	$ 2,227,350	$ (6,797,961)	$ (56,240)	$ 2,387,734

Schedule 3

SASKATCHEWAN CANCER FOUNDATION
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2004

Restriction	Balance Beginning of Year (Note 12)	Investment & Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve[2]	$ 3,940,741	$ —	$ —	$ (3,440,741)	$ 500,000
Human Resource Reserve	500,000	—	—	(500,000)	—
Capital Reserve	1,000,000	—	—	(1,000,000)	—
CMS Reserve[1]	—	—	—	2,500,000	2,500,000
Capital acquisitions	2,009,496	—	(1,766,806)	—	242,690
Trust Fund donations	517,926	205,449	(127,332)	(335,842)	260,201
Total	$ 7,968,163	$ 205,449	$(1,894,138)	$ (2,776,583)	$ 3,502,891

1 The Foundation is implementing a two-year, multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

2 Formerly the Working Capital Reserve

(See accompanying notes to the financial statements)

Schedule 4

SASKATCHEWAN CANCER FOUNDATION RESEARCH FUND
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31

	2004	2003
Role of p85 in PDGF Receptor Down Regulation, Saskatoon	$ 96,388	$ 96,389
Characterization of the Metastatic Phenotype in Breast Cancer, Saskatoon	92,067	96,220
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Well-established Tumors, Saskatoon	78,206	—
CFI Leukemia Functional Genomics Centre Grant, Saskatoon	67,904	3,435
Regulation of Gene Expression by Histone Deacetylase Inhibitors, Saskatoon	45,716	—
Hematology/Stem Cell Research Grant, Saskatoon	15,257	928
Using Short-term Follow-up Data to Predict Long-term Survival Rates of Ovarian Cancer by the Parametric Lognormal Model, Regina	9,337	—
To Evaluate the Natural History of Glial Brain Tumors, Prognostic Variables and Treatment in Saskatchewan, Regina	3,400	—
Impact of Determining the Free PSA Ratio Using Reflex Testing in Saskatchewan, Regina	2,500	4,000
Saskatchewan Pediatric Cancer Survival and Late Effects Identification Study, Saskatoon	2,374	—
Generation of Tumour-specific Cytotoxic T Lymphocytes, Saskatoon	—	79,051
SRC Signalling in Colon Cancer, Saskatoon	—	58,925
NCIC Regional Research Development Program Grant	—	50,000
Lognormal Modelling for Breast Cancer Patients to Estimate Long-term Survival Probability, Regina	—	19,121
Prostate Cancer in Saskatchewan 1995-99: Tumour Characteristics, Treatment, and Outcome, Saskatoon	—	16,440
Effect of Prognostic Factors and Adjuvant Chemotherapy on Dukes' Stage B2 Colon Cancer in Saskatchewan, 1989-98, Regina	—	4,767
Review of Treatment Techniques and Outcomes for Carcinoma of Cervix in Saskatchewan, 1987-99, Regina	—	1,847
Total Grants	$ 413,149	$ 431,123
Breakdown		
Operating expenses	$ 371,457	$ 420,544
Capital expenditures	41,692	10,579
	$ 413,149	$ 431,123

(See accompanying notes to the financial statements)

Schedule 5

SASKATCHEWAN CANCER FOUNDATION
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2004

	Operating Fund		Restricted Funds			
			Research Fund		Trust Fund	
	Actual	Budget	Actual	Budget	Actual	Budget
REVENUES						
General Revenue Fund						
- Saskatchewan Health	$ 48,619,191	$ 48,722,014	$ ---	$ ---	$ ---	$ ---
- Saskatchewan Health Research Foundation	218,000	218,000	345,000	345,000	---	---
Grants	---	---	451,268	609,715	---	---
Donations and bequests	---	---	---	---	421,563	450,000
Investment income	943,648	545,000	12,463	8,000	91,832	68,400
Other revenues	611,929	667,201	170,673	254,675	---	---
	50,392,768	50,152,215	979,404	1,217,390	513,395	518,400
EXPENSES						
Salaries and employee benefits	29,244,816	30,118,290	997,376	1,078,237	---	---
Drugs and medical supplies	16,302,206	13,772,493	---	---	---	---
Purchased services	2,311,187	2,135,386	---	---	---	---
Other expenses	4,812,076	5,745,612	76,567	172,051	297,203	433,509
Research grants (Schedule 4)	---	---	371,457	543,359	---	---
	52,670,285	51,771,781	1,445,400	1,793,647	297,203	433,509
(Deficiency) excess of revenues over expenses	(2,277,517)	(1,619,566)	(465,996)	(576,257)	216,192	84,891
Interfund transfers (Note 8)	(2,195,375)	(2,413,133)	213,305	254,997	(605,387)	(501,316)
Net (decrease) in fund balances	$ (4,472,892)	$ (4,032,699)	$ (252,691)	$ (321,260)	$ (389,195)	$ (416,425)

	Capital Fund	
	Actual	Budget
REVENUES		
Saskatchewan Health		
- General Revenue Fund	$ 940,000	$ 400,000
Investment income	168,329	104,000
Other revenues	18,902	---
	1,127,231	504,000
CAPITAL EXPENDITURES	7,451,271	11,328,152
(Deficiency) of revenues over expenses	$ (6,234,040)	$ (10,824,152)
Interfund transfers (Note 8)	$ 2,587,457	$ 2,659,452

(See accompanying notes to the financial statements)

Schedule 6

SASKATCHEWAN CANCER FOUNDATION

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
For the Year Ended March 31

	2004				2003		
Board Members	Retainer and Per Diems	Benefits	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Semenchuck, Gary	$ 17,535	$ 4,046	$ 4,537	$ 26,118	$ 12,641	$ 2,027	$ 14,668
Krueger, Pat	-	-	-	-	1,120	1,932	3,052
Board Member							
Ahenakew, Audrey	825	125	197	1,147	600	292	892
Albritton, Dr. William	800	-	292	1,092	570	339	909
Beck, Carol	1,638	668	1,875	4,201	1,288	1,185	2,473
Ermel, Diana	725	88	396	1,209	940	382	1,322
Gilliland, Mary	600	125	327	1,052	1,369	1,604	2,973
Heavin, Marion	825	500	787	2,112	655	799	1,454
Herring, Dolores	1,200	875	2,124	4,199	833	390	1,223
Leitch, Don	2,875	2,375	4,880	10,130	1,925	2,699	4,624
Morris, Dr. Fred	400	163	211	774	770	430	1,200
Dubray, Lena	-	-	-	-	-	881	881
Perkins, Jean	-	-	-	-	340	602	942
Turnbach, Delores	-	-	-	-	340	1,064	1,404
Zatsoff, Kathy	-	-	-	-	500	420	920
Total	$ 27,423	$ 8,985	$ 15,626	$ 52,034	$ 23,891	$ 15,046	$ 38,937

(1) Benefits includes employer CPP and all travel time
(2) Term expired August 2002

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31

	2004						2003			
					Severance					
Staff	Number of Individuals	Salaries	Benefits and Allowances	Sub-total	Number of Individuals	Amount	Total	Number of Individuals	Salaries Benefits and Allowances	Severance	Total
Chief Executive Officer	1	$ 130,865	$ 15,308	$ 146,173		$ -	$ 146,173	1	$ 153,052	$ -	$ 153,052
Senior Positions											
Exec Dir, Allan Blair Cancer Centre	1	358,417	12,270	370,687			370,687	1	304,681		304,681
Exec Dir, Saskatoon Cancer Centre	1	314,688	9,044	323,732			323,732	1	302,565		302,565
Exec Dir, Health Research	1	121,896	11,319	133,215			133,215	1	126,627		126,627
Exec Dir, Information Management	1	97,116	3,237	100,353			100,353	1	95,552		95,552
Exec Dir, Finance	1	91,344	9,036	100,380			100,380	1	95,693		95,693
Exec Dir, Human Resources	1	91,344	9,036	100,380			100,380	1	95,693		95,693
Assoc Exec Dir, Allan Blair Cancer Centre	1	91,344	9,036	100,380			100,380	1	95,693		95,693
Assoc Exec Dir, Saskatoon Cancer Centre	1	91,344	9,036	100,380			100,380	1	95,693		95,693
Exec Dir, Prevention & Early Detection	1	87,132	9,124	96,256			96,256	1	91,258		91,258
Exec Dir, Education & Corporate Affairs	1	82,752	8,489	91,241			91,241	1	85,414		85,414
Total	11	$1,566,242	$ 104,935	$1,663,177		$ -	$1,663,177	11	$1,541,921	$ -	$1,541,921

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remuneration including sick leave and vacation
(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances

(See accompanying notes to the financial statements)

STATISTICAL TABLES

Allan Blair Cancer Centre Statistics 1999-2003

Clinic Appointments

	1999	2000	2001	2002	2003
New patient appointments	2,058	2,185	2,231	2,147	2,477
Review patient appointments	12,359	14,044	15,371	16,183	17,577
Radiotherapy treatments	17,596	18,118	16,887	16,967	19,057
Chemotherapy treatments	5,745	7,578	8,087	7,790	8,723

Radiotherapy treatment Visits by machine type

	1999	2000	2001	2002	2003
Brachytherapy	143	162	71	60	128
Linear Accelerator	14,868	15,466	15,071	14,587	16,664
Cobalt	2,414	2,373	1,716	2,155	2,211
Stabilipan	171	117	29	165	54
TOTALS	17,596	18,118	16,887	16,967	19,057

Health Record Activities

	1999	2000	2001	2002	2003
Case registrations	4,427	4,500	4,532	4,249	4,444
Case visits recorded	14,512	16,162	17,320	16,800	16,874
Follow-up reports	12,262	11,805	11,548	11,495	11,523

Saskatoon Cancer Centre Statistics 1999-2003

Clinic Appointments

	1999	2000	2001	2002	2003
New patient appointments	2,042	2,012	1,987	2,176	2,290
Review patient appointments	13,376	13,552	14,321	15,944	16,092
Radiotherapy treatments	17,495	16,090	16,384	18,056	17,349
Chemotherapy treatments	4,896	4,627	5,614	6,627	6,710

Radiotherapy treatment Visits by machine type

	1999	2000	2001	2002	2003
Brachytherapy	8	15	17	19	5
Linear Accelerator	17,041	15,594	16,035	17,611	16,938
X-ray	446	481	332	426	406
TOTALS	17,487	16,075	16,384	18,056	17,349

Health Record Activities

	1999	2000	2001	2002	2003
Case registrations	4,134	3,974	4,142	4,196	4,336
Case visits recorded	13,032	12,810	13,552	15,489	15,971
Follow-up reports	12,169	12,336	13,312	13,465	13,831

Screening Program for Breast Cancer Statistics 1999-2003

Centre

	1999	2000	2001	2002	2003
Regina -					
# of mammograms	9,405	9,387	9,545	9,000	8,882
# of abnormals	707	699	662	688	617
# of cancers	58	49	51	48	52
Saskatoon -					
# of mammograms	7,068	7,333	7,137	6,878	7,028
# of abnormals	605	662	619	622	662
# of cancers	35	45	46	43	31
Swift Current -					
# of mammograms	1,445	1,349	1,424	1,449	1,434
# of abnormals	108	92	83	93	104
# of cancers	9	4	5	8	9
North Battleford -					
# of mammograms	1,530	1,654	1,537	1,626	1,464
# of abnormals	132	153	147	140	135
# of cancers	8	10	17	10	3
Yorkton -					
# of mammograms	2,741	2,767	2,783	2,360	3,032
# of abnormals	208	200	198	149	168
# of cancers	12	11	13	15	13
Moose Jaw -					
# of mammograms	1,581	2,020	1,886	1,914	1,793
# of abnormals	141	143	148	136	123
# of cancers	7	15	13	15	11
Prince Albert -					
# of mammograms	2,220	2,548	2,427	2,477	2,382
# of abnormals	196	247	222	244	205
# of cancers	8	11	17	19	10
Mobile -					
# of mammograms	9,174	8,312	9,549	8,760	9,632
# of abnormals	646	602	608	672	613
# of cancers	50	41	44	62	53
Total -					
# of mammograms	35,164	35,370	36,288	34,464	35,647
# of abnormals	2,743	2,798	2,687	2,744	2,627
# of cancers	187	186	206	220	182

RESEARCH PROJECTS

Saskatchewan Cancer Agency Grants (2003-2004)

The Saskatchewan Cancer Agency provided $413,149 in grant money towards the following research projects:

The role of p85 in PDGF receptor down-regulation - Dr. D. Anderson
High level expression of growth factor receptors contribute to the aggressive growth properties of many human cancers. Defects in the receptor down-regulation pathway, responsible for degrading these activated receptors, have been suggested as a possible mechanism giving rise to the elevated growth factor receptor expression. Results from this study may contribute much needed information about the process of receptor down-regulation and may provide the basic understanding required to develop new treatments aimed at reducing receptor expression levels.

Regulation of gene expression by histone deacetylase inhibitors - Dr. K. Bonham
Histone deacetylase (HDAC) inhibitors induce growth arrest, differentiation apoptosis in a variety of cell lines and are currently undergoing clinical trials. The action of HDAC inhibitors can be explained by their ability to induce some genes and repress others at the level of transcription. The genes affected represent a very small subset of expressed genes. The underlying mechanisms regulating this phenomenon are not understood. Clearly though the mediators of this process have great potential clinical relevance since they initiate cell death in a wide variety of cancer cells. This project examines the molecular mechanisms behind HDAC mediated gene regulation. Ultimately this could lead to the identification of new targets for novel drug discovery.

Characterization of the metastatic phenotype in breast cancer - Dr. S. Carlsen
This project involves delineating some of the unique properties of breast cancer cells capable of metastasis. Using a rat breast tumor model system, we have identified a series of genes whose expression is specifically turned off in highly metastatic cells. We have isolated both the rat and human homologues of these genes and are currently investigating the function of these genes. Preliminary evidence suggests that one of these genes is involved in the regulation of expression of other genes, while the other is involved in the regulation of formation of cell surface carbohydrate structures. This research will hopefully provide new information about what causes cancer cells to metastasize.

Leukemia Functional Genomics Group - Dr. J. DeCoteau
The Canadian Foundation for Innovation along with the Government of Saskatchewan and other local partners have provided $1 million for infrastructure support to establish a Leukemia Functional Genomics Group. This grant provides part of the start-up operating costs for this facility which is located in the Cancer Research Unit of the Saskatchewan Cancer Agency.

To evaluate the natural history of glial brain tumours, pronostic variables and treatment in Saskatchewan - Dr. A. Mahmud (Co-investigators: J. Tonita, T.S. Goh, P. Dickof and C. Robinson)
There have been over 1,300 cases of primary CNS tumours treated in Saskatchewan between 1970 and 1999. This retrospective review will provide information on the natural history, prognostic variables and treatment of patients treated at facilities in Saskatchewan. The findings from this study will be more readily applicable to the local population and will help in improving treatment policies and in planning future research.

Using short-term follow-up data to predict long-term survival rates of ovarian cancer by the parametric lognormal model - Dr. P. Tai (Co-investigator: Dr. E. Yu)
The research proposed is devoted to the investigation of applicability of the Lognormal Model for the analysis of ovarian cancer data. Prospective trials tend to take a long time to complete and are more expensive to run than retrospective trials. This study will determine if long-term survival rates can be predicted earlier using the Lognormal Model. The ability to predict the results of prospective trials earlier will greatly facilitate these studies.

Combined radiation therapy and dendritic cell vaccine in treatment of well-established tumours - Dr. J. Xiang
The long-term goal of this research is to develop novel immunotherapeutics and strategies to cure human malignancies. One critical challenge in radiation therapy of human tumours is the recurrence of tumour metastasis in remote sites. This study will develop new strategies by combining conventional radiation therapy with the newly developed dendritic cell vaccines in the treatment, in animal model systems, of well-established tumours with early liver metastasis which will mimic the clinical situation. The results from this animal study will be used to develop clinical trials to test the application of these theories in human solid tumours.

External Grants (2003-2004)

Over $1 million was received by researchers working in the Agency for the following research projects:

The Role of A-Raf in Cell Signaling - Dr. D Anderson
Funded by the National Cancer Institute of Canada-Regional Research Development Program (NCIC-RRDP)

Effects of A-Raf-encoded PLD activity on cell signaling pathways - Dr. D. Anderson
Funded by a Dr. L. Schulman Medical Research Award (University of Saskatchewan)

SRC transcriptional regulation and differential promoter utilization - Dr. K. Bonham
Funded by the Canadian Institute of Health Research (CIHR)

Epigenetic Silencing of Transforming Growth Factor Beta Pathway Genes in Human Acute Leukemia; Principle Investigator - Dr. J. DeCoteau (Co-applicants: A. Ross and A. Rusalik)
Funded by a Canada Foundation for Innovation Infrastructure Grant (Innovation Fund)

Peptide Aptamer-Based Protein Detecting Arrays - Dr. R. Geyer
Funded by the Natural Science and Engineering Research Council (NSERC)

Biomedical Imaging & Therapy (BMIT) beamline at the Canadian Light Source, Inc. - Dr. K. Ali (Co-applicant)
Funded by a Saskatchewan Health Research Foundation Strategic Development Grant

Pain, distress, and adult-child interaction: an investigation of children's pain experience during needle punctures in pediatric oncology - Dr. K. Ali (Co-applicant)
Funded by the Saskatchewan Cancer Control Research Initiative for Research project

Target Validation of Nucleolar Proteins Using Peptide Aptamer Technology - Dr. R. Geyer
Funded by the NCIC-TRRDP

Using Peptide Aptamers to Analyze Signal Transduction Pathways - Dr. R. Geyer
Funded by the the Saskatchewan Health Research Foundation (SHRF)

Calmodulin-Regulated Proteins in Heart - Dr. R. Sharma
Funded by the Heart and Stroke foundation of Saskatchewan

N-myristoyltransferase: A Novel Molecular Target for Cancer - Dr. R. Sharma
Funded by the Canadian Institute of Health Research (CIHR)

Engineering of antibody affinity and immunogenicity under the guidance of a computational model of B72.3/TAG72 complex - Dr. J. Xiang
Funded by the Natural Science and Engineering Research Council (NSERC)

Combined engineered dendritic cell vaccine and low-dose of transgene expression in treatment of well-established tumors - Dr. J. Xiang
Funded by the Canadian Institute of Health Research (CIHR)

Role of B Lymphocyte Stimulator in Multiple Myeloma - Dr. M. Voralia
Funded by Sask Health Research Foundation

CLINICAL TRIALS

The following is a listing of clinical trials participation during the reporting period.

Participation in Clinical Trials of the North Central Cancer Treatment Group (NCCTG) and the National Cancer Institute of Canada (NCIC)

For the period April 1, 2003 to March 31, 2004, the Allan Blair Cancer Centre and the Saskatoon Cancer Centre accrued a total of 124 patients in clinical trials. The Allan Blair Protocol Office was following 460 patients in 83 different studies and had 36 active clinical trials during that time period. The Saskatoon Cancer Centre was following 431 patients in 66 different studies and had 25 active clinical trials. In 2003-04, 28 cancer patients and 17 cancer control patients were accrued in NCCTG clinical trials. Sixty-nine patients were accrued in NCIC clinical trials. Six patients were entered in drug company studies and 4 patients were entered on in-house treatment studies.

Participation in Children's Oncology Group (COG)

Regina:

From April 1, 2003 to March 31, 2004, 20 patients were registered with COG. Of these patients, three were enrolled in both therapeutic and biology studies with the remaining 17 patients given standard treatment. Thirty-nine protocols are open for accrual and 155 patients are being followed.

Saskatoon:

Between April 1, 2003 and March 31, 2004, 24 new pediatric cases were seen at the Saskatoon Cancer Centre. Of these 24 new patients, 5 were registered on biology studies, 10 were enrolled in both therapeutic and biology studies and the remaining 9 patients were registered with COG and given standard treatment. During this time period, 16 new studies were approved and 49 protocols received annual re-approvals.

Participation in Radiation Therapy Oncology Group (RTOG) Clinical Trials

Regina:

At the Allan Blair Cancer Centre 11 patients were enrolled in RTOG clinical trials and 29 patients were being followed up. Eight trials were available for accrual.

Saskatoon:

During the reporting period from April 1, 2003 to March 31, 2004, 6 RTOG clinical trials were active and 2 new patients were enrolled. Sixty-four patients were being followed up after completion of active treatment.

Provincial Malignant Hematology/Stem Cell Transplant Program Research Unit

The program established its own Clinical Research Unit in 2003, and has activated 14 national and international clinical trials with several more under review. Two multicentre transplant trials have been authored in Saskatoon, with another 2 under development. To date, 34 patients have been enrolled in clinical trial treatment protocols. The unit is now a leading accrual site for the National Cancer Institute of Canada Clinical Trials Group (16 patients accrued in 2003-04), and participates in multicentre trials with the Canadian Blood and Marrow Transplant Group as well as through direct collaborations with other transplant programs throughout Canada.

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ABSTRACTS AND PROCEEDINGS

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SYLVIA FEDORUK PRIZE IN MEDICAL PHYSICS

Dr. Sylvia O. Fedoruk, a Medical Physicist with 35 years of dedicated and distinguished service to the Saskatchewan cancer program, retired in December 1986. On the occasion of Dr. Fedoruk's retirement, the Board of the Saskatchewan Cancer Agency announced the establishment of the Sylvia Fedoruk Prize in Medical Physics in honour and recognition of her contributions to cancer control.

This annual award is presented to the author selected as having published the best paper in Medical Physics in the preceding year and must relate to work carried out within a Canadian institution. An anonymous selection committee, appointed jointly by the Canadian College of Physicists in Medicine and the Canadian Organization of Medical Physics, reviews the entries and recommends the successful candidates.

The award for 2003 was presented to: *Abbas Samani, Jonathan Bishop, Chris Luginbuhl and Donald B. Plewes.* "Measuring the elastic modulusof ex vivo small tissue samples," published in **Physics in Medicine and Biology**, volume 48, pages 2183-2198.

Past winners include the following:

1994 *R.M. Henkelman, G.J. Stanisz, J.K. Kim, M.J. Bronskill*, co-authors of the paper, "Anistrophy of NMR properties of tissue," published in **Medical Physics**.

1995 *Wei Zhao, John Rowlands*, co-authors of the paper, "X-ray using amorphous selenium: Feasibility of a flat panel self-scanned detector for digital radiology," published in **Medical Physics**.

1996 *Chris Henry, Terry Peters*, co-authors of the paper, "Three-dimensional reconstruction of vascular trees. Theory and methodoloy," published in **Medical Physics**.

1997 *Corey Zankowski, Ervin Podgorsak*, co-authors of the paper, "Calibration of photon and electron beams with an extrapolation chamber," published in **Medical Physics**.

1998 *Robin Kelly, Kevin Jordan, Jerry Battista*, co-authors of the paper, "Optical CT Reconstruction of 3D Dose Distributions using the FBX Gel Dosimete," published in **Medical Physics**.

1999 *Pratondo Busono, Esam Hussein*, co-authors of the article, "Algorithms for density and composition-discrimination imaging for fourth-generation CT system," published in **Physics in Medicine and Biology**.

2000 *Martin Lachain, B. Gino Fallone*, co-authors of the article, "Monte Carlo Simulations of X-ray induced Recombination in Amorphous Selenium," published in **Journal of Physics D: Applied Physics**.

2001 *B.M.C. McCurdy, K. Luchka, and S.Pistorius*, co-authors of the paper, "Dosimetric investigation and portal dose image prediction using an amorphous silicon electronic portal imaging device," published in **Medical Physics**.

2002 *J.H. Siewerdsen, I.A. Cunningham and D.A. Jaffray*, co-authors of the article, "A framework for noise-power spectru analysis of multidimensional images," published in **Medical Physics**.

INFORMATION

Public information available:

- Annual Report
- Saskatchewan Cancer Control Report - Profiling Trends in Cancer, 1970-2001
- Saskatchewan Cancer Control Report 2004- Profiling Cancer in Regional Health Authorities
- Saskatchewan Cancer Agency brochures
- List of Payees

Saskatchewan Cancer Agency contact numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Health Research (Saskatoon) • 306-655-2778

Prevention and Early Detection •
Toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator •
Toll-free in Canada 1-866-577-6489

DONATIONS

Although the Saskatchewan Cancer Agency is funded by the Government of Saskatchewan through Saskatchewan Health, we also received $421,563 in generous donations to enhance our services and conduct research. We are pleased to extend a special thank you to individual donors and to recognize our major donors over $2,000.

- Rawlco Radio for sponsoring the C95 Radio Marathon for breast cancer research
  - Lisa Rendall Golf Classic
  - Outer Limits
  - Saskatoon Catholic Schools
- Western Westlund and Emco for their annual contribution from the Jack Currie Memorial Golf Tournament in support of SCC
- Hub City Optimists for their support of pediatric oncology
- Wayne Cymbalisty for his support of breast cancer research through an annual steak night fundraiser
- Derishma Parmar for her fundraising efforts for cancer research through the "No Hair Affair"
- Breast Cancer Action Saskatchewan for their support of the patient libraries
- Keith Douglas for his support of SCC
- Corrections Canada for sponsoring the ABCC Christmas hampers
- Canada Safeway - Regent Park in Regina for their support of ABCC
- Canada Safeway in Moose Jaw for ABCC pediatrics
- Excelsior Chapter No.21 Order of Eastern Star to support patient services at ABCC
- Sears Employee Charitable Fund to support ABCC
- India-Canada Cultural Association for their support of research
- John Lockwood, John McClement, and Raymond and Edna Cyrenne for their donations to ABCC
- Sharon Wiles for her donation to breast cancer research
- Canada Safeway - Southland Mall in Regina for their donation to recruitment initiatives at SPBC

The 4th Annual C95 Radio Marathon for breast cancer research, held in Saskatoon in fall 2003, was another huge success thanks to the generous support from the people of Saskatchewan. The total raised over the past four years is in excess of $400,000.

INFORMATION

Public information available:

- Annual Report
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- Corrections Canada for sponsoring the ABCC Christmas hampers
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- Sears Employee Charitable Fund to support ABCC
- India-Canada Cultural Association for their support of research
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The 4th Annual C95 Radio Marathon for breast cancer research, held in Saskatoon in fall 2003, was another huge success thanks to the generous support from the people of Saskatchewan. The total raised over the past four years is in excess of $400,000.

Saskatchewan
Cancer Agency

Saskatchewan Cancer Agency
- Head Office
Suite 400, 2631 28th Avenue
Regina, Saskatchewan
S4S 6X3

Saskatoon Cancer Centre
20 Campus Drive
Saskatoon, Saskatchewan
S7N 4H4

Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1

Prevention and Early Detection
952 Albert Street
Regina, Saskatchewan
S4R 2P7

Quality of Care Coordinator
Saskatchewan Cancer Agency
Toll-free in Canada
1-866-577-6489

Saskatoon Cancer Patient Lodge
1036 College Drive
Saskatoon, Saskatchewan
S7N 0W1

Regina Cancer Patient Lodge
4104 Dewdney Avenue
Regina, Saskatchewan
S4T 1A3

Health Research
20 Campus Drive
Saskatoon, Saskatchewan
S7N 4H4

www.scf.sk.ca

SASKATCHEWAN CANCER AGENCY
LIST OF PAYEES
YEAR ENDED MARCH 31, 2004

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $2,500 or more.

Abbs	Jenelle	$ 14,170
Abidi	Muneer	9,712
Adair	Allison	30,711
Aebig	Sheritee	31,202
Ahmad	Imran	246,552
Ahmed	Shahid	109,102
Akra	Mohamed	170,863
Ali	S Kaiser	327,185
Allen	Joanne	52,508
Allen	Robert	128,436
Alvi	Riaz	68,203
Amson	Lori	9,466
Anderson	Laurie	28,702
Anderson	Deborah	72,251
Andreas	J. Joe	63,721
Angelopoulos	Amber	26,916
Arguin	Chantal	43,076
Arsenault	Deborah	63,228
Ash	Sheila	39,401
Asmundson	Jennifer	18,331
Badiuk	Beverly	9,775
Bagu	Carol	59,226
Baier	Loretta	2,560
Baisley	Julie-Anne	54,078
Barilla	Tammy	39,531
Barkway	Cheryl	3,246
Barnardo	Christopher	48,389
Barss	Richard	67,316
Bassalow	Rostem	65,676
Baumi-Thomas	Susan	36,363
Beaule	Cindy	31,333
Beckett	Craig	88,872
Belitski	Renee	63,809
Belous	Janice	53,747
Bernauer	Sandra	7,789
Berzolla	Wayne	39,461
Bi	Xuguang	31,000
Bichon	Carol	55,279
Bjarnarson	Patti	30,480
Bjorndahl	Sterling	76,920
Blake	Vilmaly	29,952
Boehm	Lisa	27,450
Boek	Marcelo	106,775
Bollinger	Susan	58,067
Bonham	Keith	74,244
Bonnell	Gabriel	23,424
Borsa	Shawna	45,219
Bourassa	Kristy	55,716
Bourgonje	Linda	20,332
Boyd	F.Mark	38,191
Briggs	Sheri	57,344
Brooks	Leslie	6,573
Brown-Ogrodnick	Angela	17,278
Bru	Danielle	3,023
Bryce	Elizabeth	3,849
Brydon	Lizabeth	39,824
Bryksa	Betty	3,909
Budd	Tamara	52,712
Budz	Denise	71,616
Bull	Malcolm	62,812
Burk	Geneva	56,652
Burke	Christine	31,426
Bursic	Sandra	28,555
Bzowy	Teresa	17,249
Cadman	Patrick	100,746
Cairns	Debra	27,559
Callbeck	Rudy	15,256
Carlsen	Nancy	64,818
Carlsen	Svein	121,896
Carmichael	Karen	45,097
Carriere	Jocelyne	31,748
Chalchal	Haji	287,066
Cherepuschak	Penny	31,882
Chicoine	Jamie	27,487
Choquette-Becker	Heather	53,378
Chorneyko	Anita	71,081
Christenson	Kendra	33,376
Clayton	Kimberly	24,701
Cocarell	John	47,410
Cochrane	Doreen	35,251
Colleaux	Dena	53,968
Collen	Erica	14,315
Conacher	Sheila	30,038
Conibear	Sarah	3,265
Cook	Darcy	3,023
Coulter	Sheila	73,060
Cousins	Kenapha	20,475
Cowan	Lorna	53,850
Crawford	Sharon	33,743
Cross	Deborah	35,207
Crossman	Colleen	17,365
Curtis	Jannelle	29,781
Czank	Deanna	24,284
Dagnone	Mary	61,020
Dahl	Melvin	71,616
Davis	Karen	41,153
Decker	Allison	55,231
Deibert	Cindy	12,254
Dergousoff	Stephanie	58,319
Derrick	Peter	62,262
Desrosiers	Nadine	29,511
Dewald	Carmen	53,850
Dickof	Peter	118,308
Doell	Heather	54,363
Doig	Anne	25,384
Dolata	Wojciech	126,338
Drever	Laura	15,244
Drummond	Stefanie	9,642
Duchscher	Dana	9,108
Dwernychuk	Lynn	54,344
Edmunds	Laurie	51,764
Edwards	Trent	55,723
El-Gayed	Ali A.H.	287,083
Enriquez	Anna-Liza	20,106
Epp	Heather	29,919
Evjen	Andrea	13,400
Farkas	Elaine	53,850
Farthing	Merle	20,113
Fay	April	16,955
Fedorowich	Madelaine	28,567
Fisher	Miriam	52,569
Fisher	Michelle	58,950
Florizone	Jackie	48,681
Fondrick	Lacey	2,635
Foord	Christel	40,010
Foote	Bertha	63,890
Ford	Rebecca	16,495
Fox	Pauline	37,709
Francis	Leslie	27,340
Frey	Janelle	48,877
Fries	Marlene	16,408
Friesen	Kaethie	53,882
Galloway	Laurie	62,827
Gardiner	Donald	287,083
Garratt	Kevin	75,154
Gattinger	Bonnie	22,608
Gauthier	Sheri-Lyn	63,721
Gauthier	Huguette	91,344
Gerber	Laurie	39,291
Gesy	Kathy	83,403
Gibb	Maia	16,345
Gjevre	Karen	61,284
Glenister	Shannon	3,023
Gloeckler	Ryon	53,052
Glover	Frances	34,171
Goh	Ten-Suan	358,417
Good	Carlene	14,170
Goyer	Gail	41,758
Graham	Heather	24,922
Gray	Lori	4,382
Greenaway	Loretta	40,792
Greenwood	Kelly	14,469
Gregory	Beverly	36,189
Greuel	Morna	27,729
Grossman	Jason	56,579
Grudnitzki	Linell	29,308
Gryschuk	Gerald	64,251
Gulutzan	Elaine	56,652
Guttormson	Maxine	20,403
Haider	Kamal-Uddin	266,523
Hala	Karen	29,419
Hanks	Jana	3,023
Hannah	Tami	6,887
Haq	Mohammad	248,575
Harrison	Janice	6,903
Harrison	Lois	91,380
Hartridge	Sharon	12,050
Hartz	Gayle	34,203
Hasegawa	Wanda	228,270
Hastings	James	39,020
Hautz	Jo-Anne	73,060
Hawryluk	Wanda	40,561
Hawrysh	Andrea	33,100
Hedstrom	Kirstin	10,080
Heinrich	V	21,698
Helliwell	Katy	32,925
Henderson	Carol	31,384
Higginson	Julie	31,341
Hill	Charleen	12,691
Hill	Carol	53,850
Hofmann	Doris	31,442
Holowatuk	Mori-Anne	23,411
Howson	Patricia	53,850
Hubbard	Margaret	30,677
Hubbard-Murdoch	Natasha	38,958
Hugo	Alison	26,463
Hunt	Megan	16,591
Irvine	Bonnie	30,337
Jackson	Rose	35,279
Jancewicz	Miroslav	312,761
Johannson	Sasha	25,280
Johnson	Lindsey	16,846
Johnson	Darlene	35,923
Johnson	Mary	49,128
Jones	Mark	25,364
Jorgensen	Cathy	21,854
Judd	Alison	64,064
Juckes	Angus	34,721
Juma-Anderson	Stella	57,964
Kaban	Susan	22,704
Kalyniuk	Petrunella	30,348
Karakochuk	Dennis	91,344
Kereluke	Terry	84,420
Kerr	Mandy	26,799
Khan	Pervez-Ishrat	133,890
Kindrachuk	Margaret	24,535
King	Marlene	11,445
King	Danielle	12,367
Kish	Donna	54,696
Klein	Brian	12,383
Kolomay	Darcie	26,709
Koop	Jason	38,029
Koroll	Elaine	39,954
Kovacs	Cindy	30,077
Kowbel	Beverly	56,260
Kozie	Serena	32,275
Krakalovich	Helena	37,305
Krechowiecki	Jolanta	38,392
Kriston	Coralee	4,397
Kroeker	Dana	42,017
Kruger	Lana	64,645
Kulrich	Celia	65,979
LaBrash	Audrey	29,419
Lacey	Kevin	91,344
Ladyka	Colin	53,732
Landstad	Taralyn	28,962
Lapointe	J.R. Claude	108,657
Lauridsen	Debbie	39,587
Lauzier	Wendy	25,846
Lawman	Zoe	31,056
Lawrence	John	55,389

SASKATCHEWAN CANCER AGENCY
LIST OF PAYEES
YEAR ENDED MARCH 31, 2004

Leitch	Don	3,800
Li	Ada	3,023
Litschko	Sherry	28,308
Little	Glenda	63,228
Litzenberger	Laura	9,762
Lobzun	Kevin	54,238
Lovett	Carol	12,933
Lowe	Fern	35,533
Luterbach	Sharon	35,902
MacDonald	Colin	18,618
Macdonald	Wanda	48,776
MacLennan	Iain	287,083
Mahmud	Aamer	267,082
Mah-Vuong	Pearl	12,503
Marshall	Genny	33,866
Martens	Lucy	19,630
Martens	Dolores	30,332
Martin	Stacy	22,689
Martin	Brian	45,855
Martin	Penny	53,882
McAllister	Rae	128,892
McFarlen	Debbie	17,799
McGonigal	Raelene	33,744
McKenzie	Jennifer	64,994
McLean	Jessica	55,485
McLeod	Blanche	35,713
McMurphy	Denise	27,847
Meadows	Roohi	27,438
Meeklah	J. Stuart	63,831
Mensch	Jackie	57,456
Merrison	Patricia	64,330
Miale	Thomas	19,272
Miller	Linda	34,179
Milligan	Laura	13,866
Milligan	Judy	32,812
Milligan	Laurey	50,292
Mirchandani	Deepu	197,694
Mitchell	Gail	27,521
Mitchell	Janet	46,454
Moffatt	Krista	37,614
Mohamed	Mohamed	299,897
Monteith	Jennifer	58,968
Moore	Nancy	8,496
Morris	Joan	51,857
Morrissette	Pat	25,294
Morton	William	97,116
Moser	Laura	14,315
Moss	Merina	29,783
Mott	Gail	27,256
Mpofu	Christopher	320,459
Mulligan	Louise	29,208
Muz	Lori	47,726
Nadiger	Jennifer	18,239
Neudorf	Russell	7,632
Nieckar	Christine	32,244
Nilson	Linda	125,727
Norman	Carla	20,137
Nurse	Judith	82,752
O'Byrne	Joan	27,210
Olate	Carolina	17,008
Olfert	Ivan	91,344
Paceila	Juan	277,774
Palmier	Rhonda	18,040
Pappas	Joanne	27,913
Patterson	Tannis	26,509
Paul	Terry-Lyn	31,261
Paulson	Teresa	60,250
Pearce	Jamie	11,188
Pearce	Laurie	35,206
Pederson	Lindsey	5,492
Penley	Robert	58,945
Perkins	Jennifer	51,586
Peterson	Mary	17,052
Pettigrew	Deanne	35,745
Pidv[illegible]besky	Pamela	22,033
Piercy	Bonnie	40,320
Pierlot	Joan	64,060
Plett	Carissa	7,666
Poitras	Rachel	28,854
Pollock	Lenore	7,840
Popkin	David	314,688
Procyk	Bernadette	24,045
Prosper	Dawn	30,806
Pryor	Rick	54,003
Raczynski	Joyce	54,974
Radigk	Sharon	30,586
Rapp	Dorothy	65,666
Rayson	Sandra	134,018
Read	Chelsea	48,943
Recknell	Michelle	29,438
Reichert	Brian	69,508
Reid	Norene	11,026
Reimer	Kevin	33,540
Richards	Mardel	55,605
Ripplinger	Yvonne	16,185
Robb	Karen	47,080
Robson	Diane	26,679
Romanow	Eileen	30,896
Rorke	Janice	11,775
Ruder	Gisela	11,143
Rugg	David	14,250
Runquist	Vaughn	63,228
Russell	Elaine	53,850
Salim	Muhammad	286,171
Salmon	Susan	13,213
Sami	Amer	286,992
Sanche	Tracey	33,145
Saxinger	Sheila	41,283
Schaan	Marlene	33,185
Schaffel	Donna	31,426
Schiltz	Colette	30,845
Schlichemeyer	Darlene	23,734
Schmid	Matthew	127,848
Schmidt	Marlene	37,157
Schmidt	Bruce	51,862
Schuler	Audrey	15,731
Schultz	Corleen	7,152
Schulz	Marcia	22,162
Schuman	Kelly	12,372
Schumann	Andrea	38,683
Semenchuck	Gary	19,693
Senft	Beverley	54,742
Senger	Mary-Ann	28,640
Serack	Jill	39,039
Service	Natalie	5,982
Setter	Linda	31,655
Shaner	Chantal	23,665
Shanley	Deanna	3,088
Sharp	Laura	57,768
Sharp	Warren	71,616
Sherdahl	Celeste	35,251
Sherven	Colleen	24,560
Shields	Margaret	8,482
Shiels	Ross	289,638
Sidhu	Narinder	127,848
Sigurdson	JoAnne	39,392
Simicic	Linda	20,318
Sirdar	John	56,668
Skarsgard	David	287,083
Skrtic	Lorraine	29,529
Smart	Janet	48,897
Smith	Patricia	29,643
Smith	LauraLee	54,096
Sorsdahl	Lisa	8,635
Sparrow	Patti	4,910
Springer	Della	29,649
St. Pierre	Michelle	7,859
Stewart	Nancy	39,193
Stilborn	Joyce	41,180
Strachan	Heather	29,905
Strautman	Cheryl	53,850
Stuart	Heather	63,133
Sun	Ying	28,608
Sweet	Rhonda	58,351
Swick	Rae	16,599
Swidzinski	Nadine	28,670
Taggart	Carissa	14,170
Tai	Patricia	295,287
Taylor	Devon	7,896
Taylor	Shauna	14,315
Taylor	Lorraine	28,343
Taylor	Yvonne	32,869
Templeton	Wendie	42,334
Temes	Tosha	11,771
Thain	Caroll	35,133
Thiesson	C. Scot	56,158
Thomas	Lori	7,552
Thomas	Allison	36,478
Thompson	Hannah	43,133
Tiefenbach	Paula	17,135
Tinline	Paula	50,818
Tomik	Brenda	29,649
Tompkins	Sandra	40,320
Tonita	Jon	73,074
Toon	Brenda	14,616
Trainberg	Sandra	33,157
Tramer	Teri	12,961
Tyndall	Joanne	50,640
Uncles	Barry	63,228
Usher	Barbara	50,874
Vachhrajani	H.	287,083
Valade	Louise	5,265
Van Alstine	Jolene	9,776
Vandenameele	Angela	27,482
VanEyck	Dana	52,814
Van-Gemeren	Jacqueline	37,981
Vetter	Debbie	29,952
Vlok	Marelize	50,315
Voralia	Michael	272,490
Wacker	Steven	60,597
Walker	Vivian	122,941
Wallace	Lana	27,721
Wapple	Megan	39,035
Ward	Kathy	32,448
Warrack	Michael	29,436
Warren	Joyce	65,776
Warren Bayne	Robin	39,738
Wasil	Evett	15,000
Watson	Felecia	31,406
Webber	Dawn	30,032
Weber	Wendy	35,901
Weber	Lorenz	51,689
Weinbender	Chandra	31,595
Welte	Jennifer	33,445
Wenman	Margaret	35,865
Wenner	Terri	30,914
Westad	Anne	48,194
Whiting	Cheryl	58,362
Whittaker	Jean	18,054
Whittle	Alison	62,878
Wiebe	Jill	28,531
Wiens	Corrine	28,033
Wilkins	Paula	7,620
Wilson	Marlo	37,979
Wilson	Lois	53,850
Winter	Delphine	8,770
Woitas	Carla	35,207
Wolfe	Nathan	5,539
Wonko	Susan	10,259
Wood	Valerie	53,483
Woodhouse	Paula	14,086
Woodside	Lisa	20,153
Wyatt	Karen	17,047
Xiang	Jim	95,484
Yadav	Sunil	195,079
Yaqoob	Ismail	291,035
Yarotski	Barbara	38,520
Yaworski	Helen	35,251
Yuan	Jinying	5,000
Yuzik	Patricia	59,828
Zahayko	Michelle	40,320
Zatylny	Paula	31,425
Ziegler	William	118,308
Payees under $2500		37,466
Total		$24,542,697

Supplier Payments

SASKATCHEWAN CANCER AGENCY

LIST OF PAYEES

YEAR ENDED MARCH 31, 2004

Listed are payees who received $20,000 or more for the provision of goods and services.

Abbott Laboratories	$ 105,118
ADAC Laboratories	262,105
AMGEN Canada Inc.	80,047
Associated Radiologists of Saskatoon	194,478
Bard Canada Inc.	27,862
Baxter Corporation	143,364
Beckman Coulter Canada Inc.	20,010
Berlex Canada Inc.	37,400
Brennan Office Plus	41,437
Business Furnishings (Sask)	43,386
Canadian Blood Services	91,764
Canadian Medical Protective Association	75,324
Canadian Pharmaceutical Distribution Network	601,034
CancerCare Manitoba	31,700
College of Physicians & Surgeons of Saskatchewan	36,735
Cypress Regional Health Authority	41,333
Diners Club enRoute	84,999
Ebsco Canada Ltd.	66,315
Five Hills Regional Health Authority	49,442
Friggstad Downing Henry Architects	99,214
Grand & Toy Office Products	90,984
Great-West Life Assurance	20,611
Hewlett-Packard (Canada) Co.	84,192
Hilferdine Scientific Inc.	23,540
Hipperson Construction Co. (1996) Ltd.	419,800
HJ Linnen Associates	67,676
Horizon Computer Solutions Inc.	13,816
Human Resources Services Ltd.	35,976
MacPherson Leslie & Tyerman	29,807
Marsh Canada Limited	73,839
McKesson Canada	36,873
MDS Laboratories	26,200
MedTec Marketing Limited	237,678
Merit Printing Limited	40,948
Microage Regina	188,015
Minister of Finance	59,626
Niesner Properties Inc.	94,466
Novartis Pharmaceuticals Canada	100,865
Parliament Place Holdings Ltd.	70,956
Pfizer Canada Inc.	155,961
Pharmacy Computer Services	21,322
Pitney Bowes	20,589
Prairie North Regional Health Authority	40,611
Prince Albert Parkland Regional Health Authority	50,581
Print-It Centres	33,399
Professional Western Computers	127,080
Public Employees Disability Plan	58,368
Public Employees Pension Plan	1,229,596
Radiology Associates of Regina	234,154
Receiver General for Canada	532,541
Regina Qu'Appelle Regional Health Authority	8,513,782
Royal Bank VISA	69,162
Sanofi-Synthelabo Canada Inc.	36,000
Sask Workers' Compensation Board	153,853
Saskatchewan Association of Health Organizations	471,630
Saskatchewan Opportunities Corporation	20,660
Saskatchewan Power Corporation	24,884
Saskatchewan Property Management Corporation	278,592
Saskatchewan Registered Nurses Association	27,020
Saskatchewan Telecommunications	68,199
Saskatchewan Workers' Compensation Board	241,215
Saskatoon Regional Health Authority	11,748,506
SaskEnergy Incorporated	41,456
Schaan Healthcare Products Inc.	20,841
Scott W. Livingstone	57,416
Siemens Canada Limited	24,808
Siemens Electric Limited	93,627
SoftChoice Corporation	30,946
Source Medical Corporation	31,240
Stantec Architecture Ltd.	46,404
Star Phoenix	21,486
Sunrise Regional Health Authority	86,461
Technology Management Corporation	163,088
Toshiba of Canada Ltd.	16,696
University of Saskatchewan	144,535
Varian Medical Systems	3,420,702
VCM Contractors & Engineers Ltd.	378,682
Village RV	190,452
VWR International Ltd.	54,543
Western Limited	43,133
Wolfe Management Ltd.	427,480
Xerox Canada Ltd.	39,381
Payees under $20,000	1,663,378
Total	$35,073,395